

**English National Partially Sighted Football League**

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| **PSFL Team Membership Form 2019-20** |

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| **Team Name** |
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| **FA Affiliation** |
| **Name of Affiliated County FA** |  |
| **FA Affiliation Number** |  |
| **FA Charter Standard Status** |  |

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| **Team Players** |
| **Shirt No.** | **Forename** | **Surename** | **Sight Class** | **Sight Class Expiry Date** | **Proof of Sight Impairment i.e. CVI / DB8 Yes / No** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |

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| **Team Manager / Staff / Coaches:** |
|  | **Forename** | **Surename** | **Official Position** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

Players registration forms must accompany this form

**New Players Added During Season**

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| **Team Players** |
| **Shirt No.** | **Forename** | **Surename** | **Sight Class** | **Sight Class Expiry Date** | **Proof of Sight Impairment i.e. CVI / DB8 Yes / No** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |

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| **Team Playing Kit Colours** |
|  | **1st kit choice** | **2nd kit choice** |
| **Shirts** |  |  |
| **Shorts** |  |  |
| **Socks** |  |  |
| **GK Shirt** |  |  |

**Welcome to the Partially Sighted Football League (PSFL). This registration form is for league administration purposes.**

**PSFL Team Membership Form 2019-20** Please complete this form.

**Player Registration Form** Please also complete a Player Registration Form for each player and return to the PSFL General Secretary Dan Pack secretary@partiallysightedfootballleague.com or by post to; 38 Stadium Avenue, Blackpool, Lancashire FY4 3QB by 1st October (prior to season start or, 7 days prior to a league programme event).

**Sight Classification Form** Also required is a Sight Classification for each player. These can be either British Blind Sport or IBSA classifications (The type of classification should be indicated on the individual player registration forms). The simplest was for players to obtain a classification is to do so by applying for a British Blind Sport membership and once a member, a sight classification is free of charge. Forms can be found via the BBS website [www.britishblindsport.org.uk](http://www.britishblindsport.org.uk/) where you will also find the appropriate sight classification form.

**FAN Number** All players are required to obtain a FA Number, commonly known as a FAN Number. This can be sourced via <https://www.thefa.com/account/signup>.

**League fees:**

New Team Deposit (Refundable) £100.00

League Entry Fee per Team £100.00

League Cup Entry Fee per Team (Compulsory Event) £100.00

Player Registration Fee per Player £25.00

All fees for Team and Player Registrations should be made by contacting the PSFL League Treasurer no later than 1st October (which is prior to the forthcoming season).

**Ways to Pay**

* Send cheques payable to ‘**Partially Sighted Football League**‘ to the following address:

Mr. Bailey Pack, Partially Sighted Football League Treasurer,

38 Stadium Avenue,

Blackpool,

Lancashire FY4 3QB

**BACS Payment**

Account Name: Partially Sighted football League

Sort Code: 20-55-41

Account Number 10302538

Reference (Please give your clubs name as a reference)

**You’re Privacy** – All information supplied to the Partially Sighted Football League will be held securely by the League Committee on behalf of The Partially Sighted Football League. No personal information will be passed to any third party organisations and will only be used for league administration/player validation purposes. The information supplied to the League Committee will only be retained for the duration of player membership. At such a time as a membership expires and is not renewed ALL personal information will be destroyed securely. By signing the declaration at the foot of the membership form you therefore signify your agreement to the PS League holding your personal data for the above purposes.

PSFL Treasurer treasurer@partiallysightedfootballleague.com

PSFL Secretary secretary@partiallysightedfootballleague.com