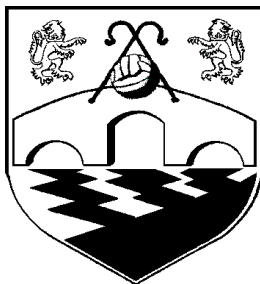


# CHELMSFORD YOUTH LEAGUE



## REFEREES REGISTRATION FORM

SEASON 2018-2019

Forename ..... Surname .....

Address .....

Town..... County..... Postcode.....

Mobile Phone ..... Home Phone .....

Email: .....

Date Of Birth: ..... Age: .....

If Under 17 (in line with FA safeguarding guidance) please provide

Parent/Guardian Name:..... Contact No:.....

County F.A. with whom registered ..... Level.....

2018 / 2019 Affiliation No. .... FA No. ....

Do you have a current FA CRC Certificate ..... Expiry date:.....

Do you have transport..... Any Restrictions on Travel .....

Do you play for a team in the league (Provide Team and age).....

Which age groups do you want to be considered for (FA regulations state you can only officiate up to 1 year of the age if under 16):

U12	U13	U14	U15	U16	U17	U18
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Is there a preference of club for you to referee at? .....

By submitting this application, I confirm that the above details are an accurate record and that I **MUST** be affiliated to a County Football Association.

Signature ..... Date .....

By completing this form, you understand that the league(s) will be required to use the contact details provided for the purpose of arranging and confirming appointments, requesting availability, and to communicate any relevant support referee information to you throughout the season.

By submitting this form, you also consent to the league(s) entering your details into the FA's secure Full Time System. Match officials contact details will then be included within e-mail notifications issued via the FA Full Time system to Team Administrators.

Please return to Nicola Scott by e-mail at [nicolascott.cyfl@gmail.com](mailto:nicolascott.cyfl@gmail.com) by 6<sup>th</sup> August 2018