NATIONAL LEAGUE SYSTEM
CANCELLATION OF A PLAYERS' REGISTRATION

SEASON 2025/2026	THE NORTH WEST COUNTIES FOOTBALL LEAGUE

Full Name of Club	

Status of Registration *	Contract	Non-Contract	Short Loan	Long Loan	Work Experience

*Please indicate

I, the player,
[Name of player in full]
‑‑

Of,
[Current Postal Address]
‑‑

Town   **Post Code**
‑‑

Date of Birth
‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

desire the cancellation of my Registration for the club
‑‑ **F.C.**

Player's Signature
‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ **Date** ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

EU General Data Protection Regulation Consent	Please tick to confirm
I agree to the application being made and certify that the information provided is correct. I agree to be bound by the rules and regulations of The Football Association and The North West Counties Football League (NWCFL). *For the purposes of the Data Protection Act 2018 and the General Data Protection Regulation (**GDPR**) I acknowledge that The Football Association and NWCFL will be collecting, sharing and otherwise processing Personal Data which may include Special Categories of Personal Data (both as defined in the GDPR) about me including such data as set out in this form for the purpose of discharging their functions as a regulatory, administrative and governing bodies of football and otherwise in accordance with The Football Association's Participant Privacy Policy and The North West Counties Football League Privacy Policy.*	

On behalf of the club
‑‑ **F.C.**

I agree to the cancellation of the Registration of ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

for this Club

Signature of Club Official ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑ **Date** ‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑‑

Address of Club Official ‑‑

Position at Club ‑‑

Complete form electronically, print, sign and scan and then email as an attachment to registrations@nwcfl.com