

PLAYER



DE-REGISTRATION FORM 2024-25



All sections of this form
must be completed &
scanned, then emailed to

carlisleglassplayerreg@gmail.com

Player's Name _____

Team registered for _____

Reason for de-registration _____

I understand that signing this form means that

U11 - U18s Mixed and U12 - U14 Girls players are unable to
register for another team in the CGLYFL this current season.

U7 - U10s Mixed and U8 - U10 Girls players are unable to play for 4
League/League Cup games after re-registration to another team.

Parent's Name _____

Parent's Signature _____ Date _____

(must be the person who gave parental online consent)

I can confirm that the player is free from any outstanding
debts (monetary, playing kit, etc.) to the team.

Manager's Name _____

Manager's Signature _____ Date _____