FIJI FOOTBALL ASSOCIATION
SCHOOL PLAYER REGISTRATION/LICENSING

SURNAME	
NAME	
DATE OF BIRTH	
SEX	
ADDRESS	
TIN #	
PHONE CONTACT	
EMAIL ADDRESS	

ATTACH PHOTO HERE TO BE CERTIFIED BY BARRISTER & SOLICITOR, COMMISSIONER OF OATH OR JP

PRIOR REGISTRATION		YES		NO

If Yes, Please fill in the details below:

PREVIOUS SCHOOL REGISTERED		NEW SCHOOL REGISTRATION	
LICENSE NO:		PLAYING POSITION	
TEAM MANAGER SIGNATURE		SCHOOL HEAD TEACHER/PRINCIPAL SIGNATURE	

I _____ of _____ solemnly and sincerely declare that above information provided is correct.

_____ _____

(Signature of Player) Witness By: _____

Date: _____

(FORM SHOULD BE WITNESSED BY BARRISTER & SOLICITOR, COMMISSIONER OF OATH OR JP).

CHECKLIST

	Player Registration Form		Original Birth Certificate
	Transfer Form (If Applying for Transfer)		Certified Copy of TIN Card/ Voter Card / Passport
	Passport Size Photo (Certified)		Certified Copy of Enrollment Form(School Registration)

District Approval: _____ **Date**:_____

FSSA/FPSA Approval: _____ **Date**:_____

OFFICE USE ONLY

Comments: _____

Receipt Number: _____ Date: _____ L/No: _____