



# CYPRUS FOOTBALL ASSOCIATION

## APPLICATION: FIRST REGISTRATION / RE-REGISTRATION OF PLAYER FUTSAL

TO  
CYPRUS FOOTBALL ASSOCIATION

The undersigned player:

NAME	SURNAME	FATHER'S NAME	MOTHER'S NAME
DATE OF BIRTH	NATIONALITY	PLACE OF BIRTH	ID NO. / PASSPORT NO.

Please proceed with my registration / re-registration\* as a Futsal player of the Club .....

- a. I attach a high resolution and recent photo of myself and a certified copy of my ID / passport\*.
- b. I declare that I am not already registered with the CFA, either under the above name or under any other name, and that I have not submitted any other application for registration with the CFA. \*
- c. I also declare that I am not / I am\* registered with any other Football Association abroad.

THE APPLICANT

Date .....

Signature: .....

\*Delete what is not applicable

We verify the authenticity of the above player's signature and the accuracy of his statement, we forward the application with a high resolution and recent photo and a certified copy of his ID / passport. Please proceed with the approval of registration / re-registration to our Club.

CLUB NAME.....

(Stamp)

Signature.: .....

Full Name: .....

President

General Secretary

Date.....

NOTE: An application that is not properly completed, or that is not accompanied by the information mentioned therein, or that is not submitted via Comet, will be considered as not received by CFA and will be returned through Comet.

By completing and submitting this document, you consent to the collection and processing of any personal data that is necessary for the purposes of issuing a CFA ID card and registration in the CFA registry of players. This processing is based on CFA's legitimate interests to ensure that each participant agrees with the terms and provisions of the Proclamations of the Competitions, in accordance with the General Data Protection Regulation 2016/679 ("GDPR") and the Cyprus Law on Personal Data Protection 125(I)2018.

**DECLARATION**

The undersigned (parents' names / custody holders' names) ..... from ..... , parents / custody holders of ..... declare that we have no objection to his registration with the CFA as a FUTSAL player of the Club .....

Signatures 1 ..... / 2 .....  
Date ..... ID / Passport No. .... / .....  
Player's Signature 3 .....

Note: Point 1 and 2 are signed by those exercising parental care. Point 3 is signed by the player.

**CERTIFICATION**

It is certified that the above mentioned ..... are parents / custody holders of the player ..... and that said parents / custody holders have signed the above declaration in my presence.

This certification is given after I have verified the accuracy of the information on the parents' / custody holders' ID / passport.

Date ..... Signature.: .....  
Full Name: .....

Community Leader / Certifying Officer (Stamp)

*Note:  
This statement is applicable for players who are between the ages of 10 to 18 years old.*

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