



# Cape Town Tygerberg Local Football Association

P.O Box 66, Mutual Park, 7451 | gs@cttfa.co.za | www.cttfa.co.za | PBO Exemption: 930041412  
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All correspondence to be addressed to the General Secretary of the Association

## JUNIOR MEMBERSHIP 2022 FORM MUST BE COMPLETED IN FULL

Existing →		New →		Transfer →	
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Club		Same as previous season	<input type="checkbox"/>	SAFA #	
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First Name		Surname	
ID Number		Date of Birth	DDMMYYYY
Residential Address			
Email Address			
Contact Number		Mobile Number	
Are you a qualified SAFA CT or SAFA National Referee?		Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	Highest Level: [       ]
Are you a qualified assistant referee through CTTFA or SAFA CT or SAFA National?		Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	

### Previous Club & Association Details for Transfer Requests

Club		Year	YYYY	LFA	
Club		Year	YYYY	LFA	SAFA Cape Town
Club		Year	YYYY	LFA	SAFA National

**NOTE:** A clearance certificate duly authorized by the previous club(s) and above mentioned LFA's/Associations, along with CTTFA/SAFA (CT)/SAFA NATIONAL registration card(s) is to be attached to this application for players seeking registration with the club mentioned above.

**DISCLAIMER:** I the undersigned, in my capacity as Parent/Guardian, understand and agree to follow the principles and procedures embodied in Cape Town Tygerberg Football Association's Constitution and Disciplinary Code of Conduct (a copy of the CTTFA Disciplinary Hand Book can be obtained from your club or CTTFA's website).

Parent/Guardian Signature		Print Name	
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I hereby confirm the particulars stated above are true and correct & confirm that the player is not registered with any other club or association.

**We confirm that we wish to register the above-named player as a member of our club and that all information as stated above is correct and has been verified.**

Signature (Club Official)		Print Name	
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