

# PLAYER



## DE-REGISTRATION FORM 2025-26



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 \_\_\_\_\_