PLAYER DE-REGISTRATION FORM 2026-27

All sections of this form must be completed & scanned, then emailed to carlisleglassplayerreg@gmail.com

Player's Name _____

Club registered for: _____

Team Name & Age Group _____

Reason for de-registration _____

_____

_____

_____

I understand that signing this form means that players at U11 - U18s Mixed and U12 - U14 Girls are unable to register for another team in the CGLYFL this current season.

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 _____