

FORM R3 CANCELLATION OF A PROFESSIONAL REGISTRATION



To: League Registration Secretary

THIS IS TO INFORM YOU THAT, BY MUTUAL CONSENT, THE REGISTRATION OF

Name: _____ of _____ Football Club

HAS BEEN TERMINATED

Player's Name Printed: _____

Date of Birth: _____

Player's Signature: _____

Date: _____

Club Secretary (Printed): _____

Club Secretary (Signature): _____

Date: _____

**(This section MUST be completed for all players under the age of 18 on the date of signing)
I hereby consent for my child's registration with the club above to be terminated.**

Signature of Parent / Guardian

Name (BLOCK LETTERS)

Date

Data Protection

The details provided on this form will be processed for legitimate operational purposes to deliver football administration. Your personal information will be processed in compliance with General Data Protection Regulation 2018. By signing this form you are agreeing your personal information may be shared with third parties in order to comply with rules and regulatory matters related to football. Detail on how your personal information may be processed can be found in the Privacy Policy for Player Registration at www.irishfa.com.

FOR OFFICE USE ONLY

RECEIVED BY

DATE

PROCESSED BY

DATE