**The Scottish Amateur Football Association**

**Affiliated to the Scottish Football Association**

**Match Day Participation Form**

**This form should be used in conjunction with the official team line for the fixture.**

**One Match Day Participation Form is required for every player listed as a trialist on the match team line.**

**The Club Representative as per this form should where possible be the person who also completed and signed the team line for this fixture.**

|  |  |
| --- | --- |
| **FULL NAME** |  |
| **ADDRESS** |  |
| **PLAYER ID (If Applicable)** |  |
| **DATE OF BIRTH** |  |
| **SIGNATURE** |  |
| **DATE**  |  |

|  |  |
| --- | --- |
| **Name of Club Representative** |  |
| ***Name of Club Representative Signature*** |  |
| **Date** |  |
| **Match Details****For Administration Purposes** |  |

**Important Note - A player signing this form is subject to the Rules and Regulations and Articles of Association of the Scottish Football Association and the Scottish Amateur FA in as so much as they are applicable. The Association’s decision in any dispute shall be final and binding subject to and relevant appeals or arbitration procedures available in terms and Articles and subject to the relevant appeals procedure within the Scottish Amateur FA rules, where applicable, having been exhausted.**

**\*\*The primary purpose of this form is to provide your details as a trialist player to the relevant League or Association, to make you eligible for participation in the above game as a trialist.**

 **Official Use Only**

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| **Date of Form Received**  |  |
| **Signature of League Official**  |  |