



PLAYER'S APPLICATION FOR REGISTRATION

2016-2017

No of Application

3716

FIRST REGISTRATION ON LOAN

RE-REGISTRATION RELEASE

TRANSFER

20655
20666



The applicant football player

LAST NAME O' SHAUGHNESSY FIRST NAME KYLE

FATHER'S NAME MARTIN MOTHER'S NAME VALERIE ID No/ PASSPORT No 535117522

DATE OF BIRTH 14/09/1999 PLACE OF BIRTH LIVERPOOL CITIZENSHIP BRITISH

PROFESSIONAL TRAINEE AMATEUR MALE FEMALE

START 31-10-2016 EXPIRY 30-10-2017 PLAYER'S REGISTRATION ID No

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SOLEMN STATEMENT

I fully and unconditionally agree with and abide by the Statutes, the Regulations, the directives and circulars of FIFA, UEFA and the H.F.F., the decisions of their competent Bodies and their absolute jurisdiction over any disputes in Federal football.

Kyle O'Shaughnessy

Player's Signature

F.S.A. OR AMATEUR CLUB TO WHICH
I AM REGISTERED/ TRANSFERRED/ LOANED

FULL OFFICIAL TITLE
A.O. FAROS MARION

TYPE ANDRIMO REGISTRY No. 3964 REGIONAL ASSOCIATION KAVALAS

We unreservedly agree with the above registration and certify the lawful completion of the form.

The President ΦΡΑΓΚΗΣ ΚΩΝ/ΝΟΙ The General Secretary or C.E.O. ΠΑΥΛΟΣ ΣΙΜΩΝ



FULL OFFICIAL TITLE

TYPE REGISTRY No. REGIONAL ASSOCIATION

We unreservedly agree with the above registration and certify the lawful completion of the form.

The President The General Secretary or C.E.O.

Club's stamp

COMMENTS (to be completed by the H.F.F. services):

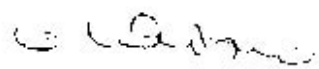
STATEMENT OF GUARDIAN

TO	The Hellenic Football Federation				
FIRST NAME	VALERIE		LAST NAME	WHYBROW	
FATHER'S NAME	GEOFFERT		MOTHER'S NAME	ANN	
ID NUMBER	535177522	TEL.	6545892882		

I am the legal guardian of KYLE O'SHAUGHNESSY.....I agree with and accept his/her involvement, as a football player, with the sport of Federal football and allow his/her registration with amateur club/F.S.A. PARIS MARION.....according to the provisions and the regulations. On his/ her behalf, I fully and unconditionally abide by the Statutes, the Regulations, the directives and circulars of FIFA, UEFA and the H.F.F., the decisions of their competent Bodies and their absolute jurisdiction over any dispute in Federal football.

(E.T.) WHYBROW (M) VALERIE SEAN
 Ap. No. C. 535177522
 20-10-2016

Date: 20/10/2016

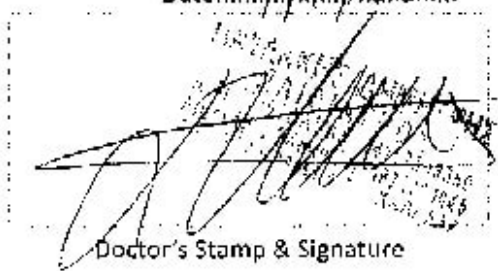

 Guardian's Signature

MEDICAL CERTIFICATE

It is certified that KYLE O'SHAUGHNESSY..... (father's name) MARTIN..... (mother's name) VALERIE..... was examined today and was found healthy and able to play Federal football.

Date: 21/10/16

Doctor, First name	<u>ARMHIDE</u>
Last name	<u>PAVIAKIS</u>
Specialism	<u>ΠΑΙΔΙΑΤΡΙΚΗ</u>
VAT no	<u>300833161</u>
S.S.R.N.*	<u>94117503359</u>


 Doctor's Stamp & Signature

*Social Security Registration Number (AMKA)

REGISTRATION FOR LIMITED PERIOD

I, the undersigned, hereby state that I want to issue a Player's Registration ID for a limited period with club..... to be valid until 30/6/.....

Date:/...../.....

Signature

I, the undersigned, as legal representative of club hereby consent to the issuance of a Player's Registration ID for player..... to be valid until 30/6/.....

Date:/...../.....