



FIFA TMS Protection of Minors
Documentation of Accommodation/Care



Name of Player:	
Date Birth:	

As legal guardian of the aforementioned individual, I hereby confirm that the aforementioned individual resides at the following address and receives the necessary care to ensure the player is looked after in the best possible way.

Address where Player Resides (Including Postcode):	
Name of Parent/Guardian:	
Relationship to Player:	
Signed:	
Date Signed:	