**PLAYER REGISTRATION FORM - SEASON 2019-2020**

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| **PLAYER INFORMATION: (U18’s need to be completed by a parent/carer/guardian)** | | | |
| FIRST NAME: |  | LAST NAME: |  |
| DATE OF BIRTH: | GENDER: | GENDER: |  |
| HOME ADDRESS : |  | | |
| POST CODE: |  | | |
| CONTACT NUMBER (MOBILE): |  | | |
| FAN NUMBER: |  | | |
| EMAIL ADDRESS: |  | | |
| CLUB YOU ARE REGISTRATING WITH: |  | | |
| DIVISION (IF KNOWN): |  | | |
| IMPAIRMENT (PLEASE CIRCLE OR DELETE AS APPROPRIATE): | Amputee - Cerebral Palsy - Deaf - Partially Sighted - Autism – ADHD – Speech – Mental Health - Social Anxiety | | |
| IF NOT LISTED ABOVE  PLEASE LIST ANY INFORAMTION THAT CAN SUPPORT YOUR REGISTRATION  PLEASE BE AS INFORMATIVE AS POSSIBLE | If listing an LD, please tell us how this manifest or effects the individual | | |
| MEDICAL INFORMATION  (THAT WE NEED TO BE AWARE OF) |  | | |
| **PARENT OR NEXT OF KIN INFORMATION** | | | |
| NAME: |  | | |
| ADDRESS IF DIFFERENT TO THE ABOVE |  | | |
| MOBILE NUMBER: |  | | |
| OTHER CONTACT NUMBER: |  | | |
| E-MAIL : |  | | |

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| **Player and Parent/Guardian Declarations:** |

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| By adding YES in the adjacent box and signing below I agree to allow the afore mentioned player to participate in the relevant football activities (league and pilot programmes for the league as additional) for Season 2019-20: |  |

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| By adding YES in the adjacent box and signing below I agree to allow, in the event of an injury, for the afore mentioned player to receive immediate treatment as deemed necessary by a qualified First Aider |  |

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| By adding YES in the adjacent box and signing below I acknowledge that The League itself may collect information in relation to the player and his/her parents/guardians to enable (in accordance with the leagues data protection policy):   * effectively administer all matters related to the running of the programme; * ensure the wellbeing of the player; * such information will only be used in accordance with the requirements of any data protection laws which are in place from time to time in England |  |

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| By adding YES in the adjacent box and signing below I understand and agree that the LFIRL may use images of the afore mentioned player for:   * printed publications for promotional purposes; * League social media and website;   Please note that we will not include personal details or full names on our website or printed publications. |  |

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| By adding YES in the adjacent box and signing below I agree to follow the guidance in the FA and League Code of Conduct for players, parent and guardians. |  |

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| **Players signature:**  **Or if U18 - Parent/Guardian signature:** |  | **Date:** |  |