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**The Football Association**

**ENGALND TALENT DAY (Disability)**

**Player Registration Form**

**Season 2017-18**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Child** |  | | **D.O.B** |  | | |
| **Childs Place of Birth** | **Town** |  | **County** |  | **United**  **Kingdom**  **(Tick if yes)** |  |
| **Name of Schools Your Child Has Attended** |  | | | | | |
| **Teams Played For** |  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Parent/Guardian** |  | | **Relationship**  **To Child** | |  |
| **Address** |  | | | | |
|  | | | | |
|  | **Postcode** | |  | |
| **Home Phone Number** |  | **Mobile Number** | |  | |
| **Email** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Alternative Emergency Contact Name** |  | | **Relationship**  **To Child** | |  |
| **Address** |  | | | | |
|  | | | | |
|  | **Postcode** | |  | |
| **Home Phone Number** |  | **Mobile Number** | |  | |
| **Email** |  | | | | |

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| --- | --- | --- | --- |
| **Impairments & Classifications** | | | |
| **Impairment Child has Please Tick** | | **Classification for Cerebral Palsy, Partially Sighted & Blind if Known. (do not worry if you do not have a classification yet)** | |
| **Cerebral Palsy** |  | **Classification** |  |
| **Partially Sighted** |  | **Classification** | (British Blind Sport) |
| **Blind** |  | **Classification** | (British Blind Sport) |
| **Amputee** |  |
| **Deaf Female / Male** |  |

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| **Medical Conditions / Allergies & Learning / Behavioural Needs** |
| **Please State Below** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity** | | | |
| **Please Select From A - F Below & Tick To Indicate The Players Ethnic Background** | | | |
| **A – White** |  | **B – Mixed** |  |
| **C – Asian or Asian British** |  | **D – Black of Black British** |  |
| **E – Chinese** |  | **F - Other** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Guardian Declarations:** | | | | |
| By adding YES / TICK in the adjacent box and signing below I agree to allow the afore mentioned player to participate in the relevant Football Association Talent Pathway Activities with Disability 4 Sport for Season 2017-18: | | | |  |
| By adding YES / TICK 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, Physiotherapist or Medical Practitioner: | | | |  |
| By adding YES / TICK in the adjacent box and signing below I understand that the Football Association Talent Pathway & Disability 4 Sport may collect information in relation to the player and parents/guardians to enable them to effectively administer matters to do with the running of the programme. Such information may be used in accordance with the provisions of the Data Protection Act 1998 (including release to third parties where necessary in relation to the administration of the programme, the wellbeing of the players in the programme and to ensure compliance by the player and parents/guardians within the rules of The FA Talent Pathway Programme: | | | |  |
| By adding YES / TICK in the adjacent box and signing below I understand and agree that the Football Association Talent Pathway Programme & or Disability 4 Sport may use images of the afore mentioned player for:   * Printed publications for promotional purposes * The FA / Disability 4 Sport website & social media * Player recognition purposes * Video images to assist / promote player development & talent identification   Please note that we will not include personal details or full names on our website or printed publications | | | |  |
| By adding YES / TICK in the adjacent box and signing below I agree to follow the guidance in the supplied FA Code of Conduct for parents/guardians & Players (guardians please read to players so you can explain the code of conduct to them) | | | |  |
| **Parent / Guardian Signature** |  | **Date** | **/ / 17** | |
| **Parent / Guardian Full Name (printed)** |  | | | |