

**The Football Association Talent Programme (Disability)
Player Registration Form
Season 2016-17**



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|--|--|-----------------------------|--|
| Players first name/s: | | Players family name: | |
| Date of birth: | | Place of birth: | |
| Name & address of school/college: | | | |
| Teams played for: | | | |

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|--------------------------|--|
| Talent Programme: | |
| Centre Name: | |

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| Disability: | | | |
| Classification (if known, this only applies to Blind, Cerebral Palsy or Partially Sighted): | | | |
| Other Medical conditions/allergies we should be aware of: | | | |
| Has the player ever received an tetanus injection? | | | |
| If yes, please provide approximate date: | | | |

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|-------------------|--|-------------------|--|
| Address 1: | | Address 2: | |
| Address 3: | | Address 4: | |
| Address 5: | | Post Code: | |

| | | | |
|---|--|----------------------|--|
| Preferred contact name of Parent/Guardian: | | | |
| Home phone: | | Mobile phone: | |
| Email: | | | |
| Address 1: | | Address 2: | |
| Address 3: | | Address 4: | |
| Address 5: | | Post Code: | |

| | | | |
|---|--|----------------------|--|
| Preferred emergency contact name & relationship: | | | |
| Home phone: | | Mobile phone: | |
| Email: | | | |
| Address 1: | | Address 2: | |
| Address 3: | | Address 4: | |
| Address 5: | | Post Code: | |

| | | | |
|---|--|-----------------------------------|--|
| Ethnicity (please select from A to F below and choose from the relevant drop down list to indicate the players ethnic background): | | | |
| A - White | | B – Mixed | |
| C – Asian or Asian British | | D – Black of Black British | |
| E – Chinese | | F - Other | |

| | | | |
|-------------------------------|--|-------------------------------|--|
| Mothers place of birth: | | Fathers place of birth: | |
| Grandmother 1 place of birth: | | Grandfather 1 place of birth: | |
| Grandmother 2 place of birth: | | Grandmother 2 place of birth: | |

Player and Parent/Guardian Declarations:

By adding YES 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 for Season 2015-16:

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, Physiotherapist or Medical Practitioner:

By adding YES in the adjacent box and signing below I understand that the Football Association Talent Pathway 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 in the adjacent box and signing below I understand and agree that the Football Association Talent Pathway Programme may use images of the afore mentioned player for:

- Printed publications for promotional purposes
- TheFA.com website
- Player recognition purposes
- Video images for to assist with player development and talent identification

Please note that we will not include personal details or full names on our website or printed publications

By adding YES in the adjacent box and signing below I agree to follow the guidance in the supplied FA Code of Conduct for parents/guardians:

By adding YES in the adjacent box and signing below I agree to follow the guidance in the supplied FA Code of Conduct for players:

| | | | |
|-----------------------------------|--|--------------|--|
| Parent/Guardian signature: | | Date: | |
| Player s signature: | | Date: | |