**Participant/Player Registration Form**

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| Questions marked with an \* are compulsory to complete1. Are you completing this form on behalf of a minor, under the age of 16?\*Please note that if your child is at secondary school you should ensure that they know you are completing the form and agree to this.
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| 2.  Participants First Name\* |
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| 3.  Participants Surname\* |
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| 4.  Nick name |
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| 5.  Participants Gender (Please tick)\*

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|  | Male  |
|  | Female  |
|  | Trans Man  |
|  | Trans Woman  |

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|   6.  Participants DOB\* |
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| 7.  1st address line\* |
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| 8.  2nd address line |

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| 9.  Town/City\* |
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| 10.  County\* |
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| 11.  Postcode\* |
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| 12.  Email |
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| 13.  Phone number\* |
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| 14.  FAN |
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| 15.  Student ID no (If applicable) |

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| 16.  At times we may wish to take photos or videos of the activity or individuals in it. We adhere to The FA guidelines to ensure these are safe and respectful and used solely for the purposes for which they are intended which is promotion and celebration of grassroots football activities. Please tick the box below to confirm that this is acceptable to you.

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|  | I agree to photos being taken (tick to agree, leave blank to disagree)  |

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| 17.  If you have any medical conditions please add them here |

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| 18.  Does the participant suffer from any allergies, sensitivity to medication or food? Yes or No\* |

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| 19.  If yes what allergies |

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| 20.  How would you describe the participant’s level of football activity before joining this session?\* Please tick the option that best describes the participant.  |

1. Play football at least once a week
2. Plays football at least once a month
3. Plays football less than once a month
4. No longer plays football
5. Never played before

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| 21.  How would you describe the participants level of activity in other sports, prior to joining this session (non-football)?\* |

1. Played another sport at least once a week
2. Played another sport at least once a month
3. Played another sport less than once a month
4. No longer plays sport
5. Never played another sport before

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| Emergency Contact Details   |   |

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|  | Please provide us with the name and contact details for somebody we can contact on your behalf in the case of an emergency.   |

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| 22.  Emergency Contact Name\* |
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| 23.  Relationship\* |
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| 24.  Telephone number\*  |
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| 25.  Emergency Email |
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|  | **Participant Register Terms and Conditions** |   |

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|   | Before proceeding with the registration please tick the box below to acknowledge that you have read and agree to the terms and conditions.  |

26.  Asking you for this information helps make football more representative. It supports The FA and the County FA network to ensure our programmes are inclusive and open to everyone; it helps us to understand if people from certain backgrounds aren't accessing or making the most of the opportunities to be involved in football; and it helps us to make sure that we provide such opportunities in the future. Specifically the data you provide will be used by The FA and County FA network to monitor participation levels of players with a disability, helping us to make sure that we provide opportunities for everyone to be involved in football and to support the identification and recruitment of players for The FA Disability Talent Pathway and Elite International Squads. You are not obliged to fill in the next section or any part if you don't want to. There is an option to select 'prefer not to say' if you would rather not share some information about yourself. It's more helpful to us if you tick the 'prefer not to say' option rather than not to complete or partly complete this form. All information that you provide will be stored securely and treated in confidence, in accordance with the Data Protection Act. By completing this form you will be giving The FA consent to process your information. More information about The FA and data protection is available by clicking here |

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| I agree to these terms and conditions\* |

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| 27.  Do you have any physical or mental health conditions, illnesses or impairments that have lasted or are expected to last 12 months or more?\* |

Yes No Prefer not to say

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| 28.  If you selected yes do these conditions, illnesses, impairments or disabilities have a substantial (more than trivial) effect on your ability to carry out normal daily activities (such as taking longer than normal to read a book, go shopping, use a telephone, get washed or dressed or to prepare and eat food)? |

Yes No Prefer not to say

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| 29.  Does this disability or illness affect you in any of the following areas? |

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|  | long term pain  |
|  | Chronic health condition  |
|  | Mobility  |
|  | Dexterity  |
|  | Mental Health  |
|  | Visual  |
|  | Breathing  |
|  | Memory  |
|  | Hearing  |
|  | Learning  |
|  | Speech  |
|  | Behavioural  |
|  | Other  |
|  | None of these  |
|  | Prefer not to say  |

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| 30.  Would you consider yourself to be eligible to play within one of the following impairment specific pathways? |

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|  | Amputee Football  |
|  | Blind Football  |
|  | Cerebral Palsy Football (including acquired brain injuries and stroke)  |
|  | Deaf Football  |
|  | Learning Disability Football  |
|  | Partially Sighted Football  |
|  | Powerchair Football  |
|  | None of the above  |
|  | Prefer not to say |

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