The information in red should be amended to the relevant details of the tournament/competition.

*It is important for Tournament/Competition Welfare Officers to be aware of any medical conditions of match officials, especially those who are U18. This form should be sent directly to the match official and their parent/carer and returned at least 1 week prior to the tournament/competition.*

|  |  |
| --- | --- |
| Name of Match Official |  |
| Address including postcode |  |
| Date of Birth |  |
| Mobile Number |  |
| Home Phone number |  |
| Email |  |
| FAN (if known) |  |

**Emergency Contact Details** (*one must be a parent or guardian, if possible, please provide two contacts)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship |  |
| Mobile No |  | Home Phone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship |  |
| Mobile No |  | Home Phone |  |

**Medical** *(all details are to be treated as private and confidential)*

|  |  |
| --- | --- |
| Current Medical Conditions (e.g. Asthma, Diabetes, Epilepsy, Allergies, etc) |  |
| Current Medications or Medical Requirements |  |
| Do you consent to pitch side treatment being given by a First Aider | Yes  No |

**Dietary Requirements**

|  |  |
| --- | --- |
| Do you have any dietary requirements? | Yes  No |
| Please specify any dietary requirements you may have |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Match official signature |  | Date |  |
| Parent/Carer Signature |  | Date |  |

**IN ADDITION, INDIVIDUALS WHO ARE UNDER 18 YEARS OF AGE MUST ENSURE THE PARENT/CARER PERMISSION SECTION ON THIS FORM IS DULY COMPLETED**

|  |  |  |
| --- | --- | --- |
| Match Official Name |  | |
| I agree to the above-named person taking part in the [Tournament/Competition Name] that is sanctioned by Hampshire County FA | YES | NO |

**PHOTOGRAPHS**

[Tournament/Competition Name] may wish to take photographs or videos of participants to celebrate football competitions. We adhere to the FA guidelines to ensure these are safe and used solely for the purposes for which they are intended, which is promotion and celebration of the activities of [Tournament/Competition Name]. Promotion may be through Club/League/Hampshire FA websites, social media, press or other such mediums. Children and Young People will not be named in any photograph without parental permission.

**CONSENT:** *(please tick as appropriate) YES / NO*

* I give permission for photographs to be taken of the above named participant
* I do not give permission for photographs/videos to be taken of the above

named participant due to legal reason

If you have any queries or if you would like to raise any concerns please contact the [Tournament/Competition Name Welfare Officer (include email address)

|  |  |
| --- | --- |
| Safe communication – parent/carers of a match official under 18 will be copied into all communication (text/email) in accordance with FA guidance | I agree to my child being contacted within these guidelines  YES  NO |
| I agree to be copied into correspondence/I do not wish to be copied into correspondence *(delete as appropriate)* | |

**PARENT/GUARDIAN DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Mobile Tel |  |
| Home Tel |  |
| Address incl postcode |  |
| Email Address |  |
| Relationship |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Carer signature** |  | **Date** |  |