**HUNTINGDONSHIRE FOOTBALL ASSOCIATION**

**Season 2019**

**AFFILIATION FORM FOR YOUTH SMALL-SIDED ONE-DAY COMPETITIONS**

|  |
| --- |
| Name of Competition:  |

 **Secretary:**

|  |
| --- |
| Full Name  |
| Address:  |
|  Post Code  |
| Telephone - Home | Business | Fax | Mobile |
|  |  |  |  |
| Email Address:  |

**Age Groups in competition (Please tick) BOYS / GIRLS / MIXED (delete as appropriate)**

Under 7\* [ ] Under 8\* [ ] Under 9 [ ]

Under 10 [ ] Under 11 [ ] Under 12 [ ]

Under 13 [ ] Under 14 [ ] Under 15 [ ]

Under 16 [ ] Under 17 [ ] Under 18 [ ]

\*Note: Under 7’s and Under 8’s are not permitted to play in knockout matches.

Approximate number of teams taking part \_\_\_\_\_\_\_\_

Date of Competition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue of Competition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  **Competition Affiliation Fee**  | **£ 15.00** |

Please return the completed form together with the completed Safeguarding Risk Assessment Form and copy of the Competition Rules at **least 3 weeks prior to the proposed start date of the Competition.** Upon receipt the rules will be passed to the Rules Advisory and Sanctions Committee for approval.

**Only when sanction has been granted may the Competition commence.**

On behalf of the above mentioned Competition I agree to conform to and abide by the Rules and Regulations of The Football Association and the **Huntingdonshire Football Association.**

|  |
| --- |
| Payment: An invoice will be uploaded to your Whole Game Portal and should be paid via your normal payment method to the Association.  |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secretary Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed forms to be returned to:

**Hunts FA, Ambury House, Sovereign Court, Lancaster Way, Ermine Business Park, Huntingdon PE29 6XU**

**Email: info@huntsfa.com**

**HUNTINGDONSHIRE FOOTBALL ASSOCIATION**

**CLUB TOURNAMENT / EVENT SAFEGAURDING RISK ASSESSMENT TOOL**

|  |  |
| --- | --- |
| Name of event/activity |  |
| Date(s) of activities/ frequency |  |
| Lead delivery organisation(Club Name) |  |
| Lead Club contact(s) |  |
| Event /activity Co-ordinator |  |

# Risk Assessment Tool

**N.B.** this should include any additional planning arising for the needs of vulnerable groups and age range of children

|  |  |  |
| --- | --- | --- |
| **Activity** | **Risk** | **Hunts FA DSO Comments** |
| Consent (As a guide all under-16s must provideparental/legal carers consent,Over 16s may self-consent for certain levels of activity at the digression of the CountyAssociation/The FA.  |  |  |
| Staffing ratios |  |  |
| Staff DBS checks |  |  |
| Staff safeguarding education |  |  |
| Young Leaders involvement |  |  |
| Suitability of changing facilities |  |  |
| Relevant insurance is in place |  |  |
| Travel arrangements |  |  |

|  |  |  |
| --- | --- | --- |
| **Activity** | **Risk** | **Hunts FA DSO Comments** |
| Drop-off and pick-up arrangements |  |  |
| Photography/film consent |  |  |
| Social media considerations |  |  |
| First aid and medical Information |  |  |
| Referral of concerns and managing allegations |  |  |
| Emergency evacuation procedures |  |  |
| Other |  |  |

|  |  |  |
| --- | --- | --- |
| **Completed** | **Name** | **Date** |
| **Updated** | **Name** | **Date** |
| **DSO Final Review / Sign Off** | **Name** | **Date** |

## Review

|  |  |  |
| --- | --- | --- |
| Post activity review of risk assessment | Observations/ additional risks identified | Actions |