

**London Representative Player’s Registration Form Season 2019-20**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** |  | | **Forenames** |  | Mr/Mrs/Miss/Ms |
| **Address**  **Including Postcode** |  | | | | |
| **Date of Birth** |  | **County of Birth** | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mobile No** |  | **Home Phone** |  |
| **Email** |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship** | Parent/Guardian |
| **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 the Sports Therapist** | **YES/NO** |

**Clubs**

|  |  |
| --- | --- |
| **Clubs that you are registered for in the 2019-20 Season.** |  |
| ***THE ATTENTION OF ALL IS DRAWN TO LONDON FA RULE 12 WHICH STATES: Any player selected to play for the County Side must not play for any other Club on the day of the match for which he/she is selected.*** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Player Signature**  **Parent Signature** |  | **Date  Date** |  |

**IMPORTANT PLEASE NOTE:**

Players will not be able to represent London FA until this registration form is fully completed and lodged with the Association’s Youth Representative, John Plummer, by email to [john.plummer@btinternet.com](mailto:john.plummer@btinternet.com)

**In addition, players who are under 18 years of age must ensure the parent/carer permission section on the reverse of this form is duly completed.**

**1 of 2**

**Representative Player’s Registration Form Season 2019-20**

**Parent/Guardian Consent Form – Players under 18 years only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Player’s Name** |  | | |
| I agree to the above named person taking part in Representative Football that is organised and sanctioned by the London FA, including travelling in transport arranged by London FA. *(Please circle as appropriate)* | | **YES** | **NO** |

**Photographs**

London FA may wish to take photographs or videos of participants to celebrate football events. 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 the activities of London FA and our affiliated clubs/leagues. Promotion may be through the London FA or The 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 circle as appropriate)

I give permission for photographs to be taken of the above named participant: **YES** / **NO**

I give permission for the above named participant to be named in photographs: **YES** / **NO**

(It is very rare that children or young people are named in a photograph)

|  |  |
| --- | --- |
| **Safe Communication – all communication (txt/email) with a player under 18 will be copied into the parent/guardian, London FA officer or safeguarding email account in accordance with FA Guidance.** | **I agree to my child being contacted within these guidelines YES/NO** |
| **I agree to be copied in to correspondence/I do not wish to be copied into correspondence** | |

**Parent/ Guardian Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Forenames |  |
| Home Tel. |  | Mobile Tel. |  |
| Address Including Postcode |  | | |
| Email Address |  | | |
| Title |  | Relationship |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Signature** |  | **Date** |  |

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