**SHROPSHIRE FOOTBALL ASSOCIATION**





**SFA FOOTBALL FUTURES - REGISTRATION FORM –**

**FUTSAL EVENT – 21st FEBRUARY 2018**

NAME ………………………………………………………. DATE OF BIRTH …………….…………… AGE ……………

ADDRESS ……………………………………………………………………………………………………………………………………..

POSTCODE …………………………………... GENDER ………………...………………….

EMERGENCY CONTACT NAME & RELATION ……………………….…….………………………………………………….

EMERGENCY CONTACT NUMBER ……………………………………………………………………

E-MAIL …………………………………………….… SCHOOL/COLLEGE ………………………………………………………..

DO YOU PLAY FOR A FOOTBALL CLUB? YES/NO If ‘Yes which one?…………………………………………….…

SPECIAL LEARNING NEEDS………………………………………………………………………………….………………………...

MEDICAL CONDITIONS……………….…………………………………………………………………………………………………

DISABILITY – Do you consider you have a disability? YES/NO\* If Yes, please specify …………………….

ETHNICITY – we are committed to equality of opportunity. To help provide appropriate access & support, please tick the boxes where appropriate

|  |  |  |  |
| --- | --- | --- | --- |
| Asian or Asian British - Bangladeshi  |  | Asian or Asian British - Indian  |  |
| Asian or Asian British - Pakistani  |  | Asian or Asian British - Other background  |  |
| Black or Black British - African  |  | Black or Black British - Caribbean  |  |
| Black or Black British - Other background  |  | Chinese  |  |
| Mixed - White and Asian  |  | Mixed - White and Black African  |  |
| Mixed - White and Black Caribbean  |  | Mixed - any other Mixed background  |  |
| White - British  |  | White - Irish  |  |
| White - any other White background  |  |  Any other  |  |

**Have you completed any sporting qualifications?** (Please list)

**How did you hear about this day?**

**Are you a part of the Football Futures Leadership Programme?** YES NO

**Do you give photo consent for the day?** YES NO

The Football Association, the Shropshire Football Association, nor their servants, agents or employees are under any liability in respect of injury, loss or damage, which I may sustain.

SIGNED (Young Leader)…………………………………………..……………DATE: ……………………………………

SIGNED (Parent/Guardian (if U18) ……………………………………… DATE ……………………………………..

**PLEASE RETURN REGISTRATION FORM TO:** eve.bailey@shropshirefa.com

*Any questions please do not hesitate to contact me on the above email address*