**ENGLAND PARA FOOTBALL TALENT PATHWAY**

**PLAYER REGISTRATION FORM**

**SEASON 2018 - 19**

**PLEASE COMPLETE ALL ASPECTS OF THE APPLICATION FORM**

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| **PERSONAL INFORMATION:** |
| \*ENTRY PROGRAMME (PLEASE CIRCLE OR DELETE AS APPROPRIATE): | ETD (Stand Alone) |
| FIRST NAME: |  | FAMILY NAME: |  |
| GENDER: |  | DATE OF BIRTH: |  |
| PLACE OF BIRTH: |  | NATIONALITY: |  |
| IMPAIRMENT (**PLEASE CIRCLE OR DELETE AS APPROPRIATE):** | Amputee - Blind - Cerebral Palsy - Deaf - Partially Sighted - Powerchair - Sighted GK |
| HOME ADDRESS 1: |  |
| HOME ADDRESS 2: |  |
| HOME ADDRESS 3: |  |
| HOME ADDRESS 4: |  |
| POST CODE: |  |
| PLAYER MOBILE: |  |
| PARENT MOBILE 1: |  |
| PARENT MOBILE 2: |  |
| OTHER CONTACT NUMBER: |  |
| PLAYER E-MAIL: |  |
| PARENT E-MAIL 1: |  |
| PARENT E-MAIL 2: |  |
| FATHER PLACE OF BIRTH: |  | MOTHER PLACE OF BIRTH: |  |
| GRANDPARENT 1 PLACE OF BIRTH: |  | GRANDPARENT 2 PLACE OF BIRTH: |  |
| GRANDPARENT 3 PLACE OF BIRTH: |  | GRANDPARENT 4 PLACE OF BIRTH: |  |

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| **Player and Parent/Guardian Declarations:** |

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| By adding YES in the adjacent box and signing below I agree to allow the afore mentioned player to participate in the relevant Football Association Talent Pathway activities for Season 2017-18: |  |

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| By adding YES in the adjacent box and signing below I agree to allow, in the event of an injury, for the afore mentioned player to receive immediate treatment as deemed necessary by a qualified First Aider, Physiotherapist or Medical Practitioner: |  |

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| By adding YES in the adjacent box and signing below I acknowledge that The FA may collect information in relation to the player and his/her parents/guardians to enable The FA to: * effectively administer all matters related to the running of the programme;
* ensure the wellbeing of the player;
* ensure the compliance by the player and his or her parents/guardians with the rules of The FA Talent Pathway Programme; and release information to third parties (where necessary) in connection with the administration of the programme, the wellbeing of the player and to ensure compliance by the player and his or her parents/guardians with the rules of The FA Talent Pathway Programme.
* such information will only be used in accordance with the requirements of any data protection laws which are in place from time to time in England.
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| By adding YES in the adjacent box and signing below I understand and agree that The FA may use images of the afore mentioned player for:* printed publications for promotional purposes;
* TheFA.com website;
* player recognition purposes; and video images to assist with player development and talent identification.

Please note that we will not include personal details or full names on our website or printed publications. |  |

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| By adding YES in the adjacent box and signing below I agree to follow the guidance in the FA Code of Conduct for players, parent and guardians. |  |

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| **Parent/Guardian signature:** |  | **Date:** |  |
| **Players signature:** |  | **Date:** |  |

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| **FOR USE BY FOOTBALL ASSOCIATION STAFF ONLY:** |
| COPY OF PASSPORT RECEIVED (PLEASE CIRCLE OR DELETE AS APPROPRIATE): | Yes / No |
| MEDICAL INFORMATION RECEIVED (PLEASE CIRCLE OR DELETE AS APPROPRIATE): | Audiogram – BBS Form – Consultant Report – Ophthalmology Report - Other |
| LEVEL OF COMPLETED CLASSIFICATION (PLEASE CIRCLE OR DELETE AS APPROPRIATE): | Predicted - National - International |
| B1 | B2 | B3 | B4 | FT5 | FT6 | FT7 | FT8 | Deaf |
| DEGENERATIVE CONDITION (PLEASE CIRCLE OR DELETE AS APPROPRIATE): | Yes - No - Unknown |
| ELIGIBILITY (PLEASE CIRCLE OR DELETE AS APPROPRIATE): | Yes - No |
| ENTRY PROGRAMME DETAILS (PLEASE CIRCLE OR DELETE AS APPROPRIATE): | ETD – Mainstream Club – Talent Hub – Reg ETP – Nat ETP – Open Trial – Scout Visit - Other |
| RECRUIT FOR TEAM (TICK APPROPRIATE BOX): |
| AMPUTEE: |  | BLIND: |  | CP SENIOR: |  |
| CP U21: |  | DEAF MEN SNR: |  | DEAF MEN U21: |  |
| DEAF WOMEN: |  | NATIONAL ETP: |  | P/SIGHTED: |  |
| POWERCHAIR: |  | REGIONAL ETP: |  | REGIONAL HUB: |  |
| RE-ASSESS (INSERT TIME PERIOD FOR RE-ASSESSMENT): |  |
| NOTES: |
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