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**Female Football Series
2019 - 2020**

**Individual Registration Form
(Players Aged 18+)**

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| **Player Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Contact Email** |  |
| **Contact Number** |  |
| **Emergency Contact Name & Number** |  |
| **Photo Consent**Please indicate that the player provides photo consent throughout the female series 19-20(If the individual does not give consent please indicate here and make the organiser aware on fixture dates) |  |
| **Medical Details/ Additional Support**Please state any medical details we need to be aware of. Please Note as an individual participant for this event any specific medical needs or additional support required must be supported by a parent/carer throughout the duration of the events. |  |
| **Signature & Date**By completing & signing this registration form, you consent for us to share the above data with the appropriate county fa lead’s who are organising the individual events to ensure details are available prior or on the day should they be needed. |  |