

Westmorland County FA Registration Form Football Futures Young Leadership Scheme



Name of Football Futures Young Leader:											
Date of Birth:				Age:			Gender:				
Address:											
Email Address:											
Telephone Number:							Mobile:				
Please note any medical conditions we should be aware of: Name of School or Club you											
volunteer or intend to volunteer at:											
School / Club Contact:											
Contact Email Address:											
Current Qualifications (Please Tick):								_		.	
JSLA			SLA			FA JF	0	F	A Level 1 C	oaching	
Refereeing Other Football F				lated (Plea	se spec	cify):					
Please circle your Refereei			g and working with teams ng and Supporting Events				Running and developing the game Promoting the game RESPECT Ambassador				
We will be taking photos/video throughout events to promote the Football Futures programme. I am happy that photos/videos taken by the County FA will only be used to publicise events on their website or in their promotional material (including the 'closed' Facebook Page). No addresses or telephone numbers of anybody included in the photograph will be published. Signed											
Please provide parent or guardian contact details in case of emergency:											
Parent/Guardian:											
Parent/Guardian Email Address: (You included in the Group Distribution List											
Emergency Contact Telephone:						mergency Mobile ontact:					
In the event that my child is injured whilst playing football/travelling to and from football events and I cannot be contacted, I hereby give my consent for my child to receive medical attention.											
Signature of P	n:					Date:					