U12s Disability Open Session

Player Registration Form

First Name ………………………………………………………………………………………….……

Surname …………………………………………………………………………………………..……..

Date of Birth ……………………………………………………………..………………………………

Post Code ……………….……….………………………………………………………………………

Parent/Carer name ……………………………………………………………………………………..

Email address: …………………………………………………………………………………………..

Phone number …………………………………………………………………………………………..

Disability (please mark relevant boxes below):

|  |  |
| --- | --- |
| Visual impairment |  |
| Hearing impairment |  |
| Amputee  |  |
| Cerebral Palsy |  |
| Learning disability |  |
| Other (please state below) |  |

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*All information collected by the Wiltshire Ability Counts League is to effectively administer matters relating to the league will be used in accordance with General Data Protection Regulations (GDPR) (2018). All players, parents and guardians are taken to have consented to this by signing this registration form.*

*I am aware that Wiltshire County FA, their staff, or any facility, is under no liability in respect of injury which may be sustained during this activity.*

*I am aware that photographs may be taken by authorised WCFA staff, and I consent for the images to be used for marketing or promotional purposes*

Signed ……….……………………………………… (Parent or Guardian)

Date ………………………………………………..