

Competing Clubs Tournament Pack

TOURNAMENT CONTACT DETAILS						
Contact	Name	Phone Number	Email Address			
Tournament Secretary						
Tournament First Aid Official						
Tournament Designated Safeguarding Officer						
Northamptonshire FA Designated Safeguarding Officer	Candice Hart	07535 640452	Safeguarding			
NSPCC	Helpline	0800 800 5000				
MASH (Multi Agency Safeguarding Hub)	Helpline	0300 126 1000	MASH@Northamptonshir e.gcsx.gov.uk			

Consent Form & Emergency Contact details To be completed by all competing teams

I hereby agree to my team participating in the	m: nager Name:						
Do you accept that you have overall responsibility for the team if the situation arises? (please circle answer) Pes Pes Pes Pes Pes Pes Pes Pe							
### Application arises? (please circle answer) ### Application arises? (please contact:	ereby agree to my team	participating in the	Competit	tion			
Imay be contacted on the following telephone numbers: Name: Role: Work: Home: Mobile: If I am not available, please contact: Name: Role: Work: Home: Mobile: Manager/Coach DECLARATIONS and CONSENT I acknowledge the need for obedience and responsible behaviour from all members of the te cept that any serious misbehaviour that could put others at risk or could be offensive may result in being withdrawn from the competition. I confirm I have the parents/guardians permission for each player to participate within this to any of my clubs players are under the age of 18-including in adult football. I understand and accept that there is some level of risk in every activity, but that all reasonate will be taken to minimise the risks involved. I understand and accept that it is my responsibility to ensure that all players in my team arrive together - for any players under the age of 18.—including in adult football. I understand if necessary to inform the Tournament First aider of any medical concerns I undertake to inform the Tournament Organisers of any changes in the medical or other circular my member of the team prior to the game. I confirm I have parent/guardian permission for any medical care to be undertaken by the tof first aiders if any of my players are under the age of 18-including in adult football. We have a club photography policy and will update you if there is anyone who does not concerned the photos to be taken.					No		
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• I confirm that my team has adequate personal accident insurance should an injury occur Signed: Name:		m has adequate persona		uld an injury occur			

Role:

Date: