**Player Registration Form- 22/23**

Age Group: **U9 U10 U11 U12 U13 U14 U15 U16**

Player Name:

Address:

County: Postcode:

Date of Birth: I identify as: **Male** **Female** **Other** **Prefer not to say**

**Contact details for primary carer (parent/guardian)**

Name:

Email:

Number:

Address (if different from player):

County: Postcode:

**Player School details**

School Name:

Address:

**Player Club Details**

Name of Club:

Welfare Officer Name:

Contact Details (phone or email):

Manager/Coach Name:

Contact Details (phone or email):

Do you have any medical conditions/allergies we need to be aware of? Yes No

If yes, please give a brief description below as well as complete the medical form in detail

Do you consider yourself to have a disability? Yes No

If yes, please give a brief description below as well as complete the medical form in detail

What is your ethnic background?

**A) White B) Mixed C) Asian or Asian British**

English White & Black Caribbean Indian

Irish White & Black African Pakistani

Scottish White & Asian Bangladeshi

Welsh Other Other

Other

**D) Black or Black British E) Chinese or Other Ethnic Group F) Prefer not to say**

Caribbean Chinese

African Other

Other

**DATA PROTECTION**

Worcestershire FA may collect and store this information for future use of other projects or programmes connected to Football as well as to actively administer this Player Development Centre.

Such information may be used in accordance with the provisions of the Data Protection Act 1998 including release to third parties where necessary in relation to the administration of the centre, the wellbeing of the players at the centre and to ensure compliance by the player and parents with the rules of the Player Development Centre itself.

Players and parents/guardians are taken to have consented to this by signing this registration form.

Signed Player

Print Name Player

Signed Parent/Guardian

Print Name Parent/Guardian

DATE: