



# Mansfield Town Football in the Community Registration Form (2020)

*The following information is required by Mansfield Town Football in the Community Ltd and will be used to register your child, identify their needs and gain your consent as detailed below. Please complete this form clearly and accurately. For more details regarding the privacy of your information, please see our associated Privacy Notice.*

## CHILDS DETAILS

Name of Child \_\_\_\_\_

Name that the child likes to be known as \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

PLEASE TICK AS APPROPRIATE Male [ ] Female [ ] Other [ ] Please specify below

\_\_\_\_\_

Postal Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POST CODE \_\_\_\_\_

School Name \_\_\_\_\_

School Year Group (2019/20 Academic Year) \_\_\_\_\_

PLEASE TICK AS APPROPRIATE Does your child have any special diet, allergy or health problems we should be aware of? YES [ ] NO [ ] *If yes, please list below (continue on our medical sheet if required – Please ask staff for this)*

\_\_\_\_\_

\_\_\_\_\_

## PARENT / GURADIAN DETAILS | PRIMARY EMERGENCY CONTACT

*Please note, the below named parent/ guardian will be our direct primary emergency contact. This section MUST BE COMPLETED by the above named child's legal parent/ guardian*

Name \_\_\_\_\_

Primary Contact Number \_\_\_\_\_

Secondary (Work) Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

*Would you like to receive marketing emails, making you aware of forthcoming events?*

YES [ ] NO [ ]

**PLEASE COMPLETE PAGE TWO**

## SECONDARY EMERGENCY CONTACT

Name \_\_\_\_\_

Primary Contact Number \_\_\_\_\_

Secondary (Work) Contact Number \_\_\_\_\_

### CONSENT

*This section MUST BE COMPLETED by the above named child's legal parent/ guardian.  
Please TICK where appropriate and complete all sections*

#### MEDICAL YES [ ] NO [ ]

*Every effort will be made to contact you in an emergency. However, should urgent treatment be needed, do you give permission for the appointed staff member to obtain urgent treatment for the child concerned. This may include surgery recommended by a doctor or dentist to proceed without delay for acute condition or alleviation of pain.*

#### OFF SITE (UNSCHEDULED) VISITS YES [ ] NO [ ]

*Ticking YES, gives permission for your child to be taken to the outdoor play area, parks or on local walks and visits by the Football in the Community Staff. All trips are supervised by FITC Staff with all children requiring to wear high-visibility vests during any on-foot journey*

#### GAMES CONSOLES / MOVIES YES [ ] NO [ ]

*Ticking YES, gives permission for your child to play on 12 and under certified computer games and watch films that are also certified at 12 and under.*

#### MEDIA CONSENT YES [ ] NO [ ]

*Ticking YES, gives permission for photographs and videos to be taken of your child throughout their time with us. These will be taken by Football in the Community staff and are to be used for publicity purposes by Football in the Community, including social media and associated media outlets.*

### DECLARATION

I confirm that the data I have provided is correct to the best of my knowledge, that I have read and understood Mansfield Town Football in the Community's Privacy Notice and that I consent to the permissions I have provided above.

It is my responsibility to inform Mansfield Town Football in the Community of any changes to the details provided on the form, and I accept that whilst in the care of Football in the Community, my child must adhere to the rules and regulations outline and failure to do so, could result in them being banned from selected activities.

SIGNED \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_



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### MEDICAL INFORMATION

Please use the box below to provide further information, in as much detail as possible, on any medical problems which Mansfield Town Football in the Community should be aware of.