

We are very pleased to welcome you to WASHINGTON JUNIORS FOOTBALL CLUB.

To ensure we have the correct contact details for you, please fill out this form and give it back to *your Manager/Coach*

If you are under 17 please also ask your parents or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

**WHICH TEAM ARE YOU SIGNING FOR e.g Under 10s Orange…………………………………………...**

**Personal details**

Name:

Address:

Postcode:

Home telephone number:

Mobile:

Main Email:

Date of birth:

**Disability**

The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you consider yourself to have a disability? Yes ❒ No ❒

If yes, what is the nature of your disability?

Visual impairment 

Hearing impairment 

Physical disability 

Learning disability 

Multiple disabilities 

Other (please specify):

**FOOTBALL INFORMATION**

Have you played football before Yes ❒ No ❒

If yes, where and who have you played for

**Medical information**

Please detail below any important medical information that our Managers/Coaches should be aware of (eg epilepsy, asthma, diabetes etc.)

**Emergency contact details**

Please insert the information below to indicate the person(s) who should contacted in event of an incident/accident.

**Contact name eg spouse/parent/carer**

Emergency contact number:

**For junior members: Parental consent**

I, being the parent /carer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the information contained on this form and hereby consent to him/her taking part in Football activity sessions and understand and agree that he/she participates in Football/Training sessions under the instruction of FA qualified coaches entirely at his /her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume responsibility for his/her safety under the supervision of an FA qualified coach. I confirm that he/she does not have any medical disability or medical condition (not disclosed overleaf) that could affect his/her ability to participate safely in Football/Training sessions.

* By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.
* I understand that I will be kept informed of these activities – for example timings and transport details.
* I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

I have been made aware of and I understand that the club will comply with the FA Safeguarding Policy and Procedures including changing room, anti bullying, travel, photography or video recording policies. In view of these policies I (please delete as appropriate \* ) do not wish\* / accept \* that he/she can be photographed or filmed for coaching or club promotional purposes.

Name of parent/carer:

Signature of parent/carer:

Date:

**Footnote**

Sport can and does play a major role in promoting inclusion of all groups in society. However, inequalities have traditionally existed within sport, particularly in relation to gender, race and disability. The FA is committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of young people in sports clubs, the FA and Sport England can identify any issues relating to under-representation of different groups and can together develop strategies to ensure everyone has an opportunity in the future development of sport.