



WALSALL FC COMMUNITY PROGRAMME
MATCH DAY GROUP ACTIVITIES
DISCLAIMER FORM

Group Name: _____

Designated Adult: _____

Contact Number For The Day: _____

Position Within Group: _____

Group Visit Attending (Circle): **Ball Boys/Girls** **Flag Bearers** **Match Visit** **Birthday Party**

This disclaimer relates to the participation in the Ball Boy/Girl, Flag Bearer, Match Visit or Birthday Party at Walsall FC. The Designated Adult person, of the above named group, takes full responsibility for the children (named below) to participate in the day visit to Walsall FC

Player Name	Age or DOB	Photo ✓/X	Player Name	Age or DOB	Photo ✓/X

The Designated Adult (above) understands that Walsall FC and WFCCP can NOT be held responsible for any personal loss or injury sustained by the participants over the duration of the Match Day Activity Visit.

The named person shall ensure that:

- This form will be completed, in full, prior to or on arrival
- They have emergency contact details for all participants in their care and a list of any medical conditions
 - There is a group representative on site to chaperone the participants at all times
 - That the participants, named, follow correct instruction and procedures during their visit
 - That the group will leave the site 15 minutes after the end of the visit

Qualified WFCCP staff will be on site at all times to ensure the smooth running of the visit. WFCCP is of the understanding that the group (named above) has completed their own risk assessments and has full indemnity insurance through their respective school, group and/or sporting body (with the exception of a birthday party)

Signed: _____ Date: _____

<u>FOR OFFICE USE ONLY:</u>				
Group Name: _____			Date: _____	
<u>Circle Activity to Confirm:</u>	Ball Boys/Girls	Flag Bearers	Match Visit	Birthday Party
I acknowledge that the form has been completed and filed correctly in the Community Office Folders at the start of the visit:				
Staff Initials: _____		Signed: _____		