

WALSALL FC Community Programme Registration Form



Please complete and return this form to the Head Coach.

First Name: *

Middle Name(s):

Surname: *

Date of Birth: *

Gender: * **MALE / FEMALE** (Delete as appropriate)

Address: *

Postcode:

Contact Home Tel No:*

Contact Mobile Tel No:*

Next of Kin Contact No:*

Email Address:*

Signed Parent/Guardian:*

If participant is under 18 years old

Signed Participant:*

If participant is over 18 years old

Date:*

I understand that, by signing this form, Walsall FC and WFCCP can NOT be held responsible for any personal loss or injury sustained by myself/son/daughter whilst attending activities.

Walsall FC Community Programme Sports Equity Form (All details will be kept strictly confidential)

Participants are asked to put a cross in the relevant boxes below to enable Walsall FC Community Programme to monitor its Sports Equity Policy. Monitoring is recommended by the codes of practice for the elimination of discrimination on the grounds of age, gender, race or disability. Walsall FC Community Programme will analyse the information on a depersonalised basis and it will not disclose the results of the analysis except in this anonymised form. We respect a person's right not to disclose information relating to disability, ethnic origin, gender or age; **therefore completion of this section of the form is not compulsory except for medical details and consent for photographing and emailing.**

Ethnic Background:

Please choose one category from A to E and then please mark X in the appropriate box.

- | | | |
|-----------------------------------|--------------------------------------------------|--------------------------------------|
| A White | B Mixed | C Asian or Asian British |
| English <input type="checkbox"/> | White & black Caribbean <input type="checkbox"/> | Indian <input type="checkbox"/> |
| Irish <input type="checkbox"/> | White & black African <input type="checkbox"/> | Pakistani <input type="checkbox"/> |
| Scottish <input type="checkbox"/> | White & Asian <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> |
| Welsh <input type="checkbox"/> | Other <input type="checkbox"/> | Other <input type="checkbox"/> |
| Other <input type="checkbox"/> | | |

- | | |
|------------------------------------|----------------------------------------|
| D Black or Black British | E Chinese or Other Ethnic Group |
| Caribbean <input type="checkbox"/> | Chinese <input type="checkbox"/> |
| African <input type="checkbox"/> | Other <input type="checkbox"/> |
| Other <input type="checkbox"/> | |

Medical & Disability:

Do you have any medical concerns: Yes No

If **yes** please provide details here:

Do you consider yourself to be a disabled person: Yes No

If **yes** please provide details here:

Consent:

Photo/Video Consent (Tick to OPT OUT)

Consent to email (Tick to OPT OUT)

Any photographs/videos & email addresses taken may be used, responsibly, for either social media, websites and for promotional material for the sole use of WFCCP.