



Football Kickabout event – 26th October 2014

Football Registration Form

Players Details

Full Name: _____

Address: _____

Post Code _____

Home Tel No. _____

Date of Birth _____

Email _____

Current Football Club (if applicable) _____

Parent / Guardian / Coach Details

Title:

Mr Mrs Ms Miss Other

First Name: _____

Surname: _____

Emergency phone no: _____

Mobile No: _____

Email _____

Please return/email all forms to:
Brad Adams (badams@bwct.org.uk)
Bolton Wanderers Community Trust
Macron Stadium
Burnden Way
Bolton
BL6 6JW

Medical Details:

Do you have cerebral palsy? Yes /No

If no, please indicate your condition

How would you rate your cerebral palsy/condition and its impact on your abilities (delete as applicable)

Mild Moderate Severe

Do you use a walking aid? Yes/ No

If yes, what type _____

Please indicate if you have any other medical conditions we should be aware of e.g. asthma, allergies.

I consent to allow the above individual to take part in this Football session and give my consent for any immediate treatment, deemed necessary, by a qualified physiotherapist or medical practitioner

Parent/Guardian signature:

Date: _____

Permission for use of photographic/film images within printed materials/funding bids, press, website or TV.

Registration Form

Rules and conditions

The participating organisers will take steps to ensure these images are used solely for the purposes they are intended, including the promotion and celebration of the activities of the participating organisations.

If you become aware that these images are being used inappropriately, you should inform the organisers immediately.

If at any time either the Parent/Carer or the Young Person wishes the images to be removed from the website of a participating organisation, 7 days' notice must be given, after which the data will be removed.

To be completed by Parent/Carer

I (Parent/Carer full name) consent /do not consent to photographing

..... (Name of Young Person) under the stated rules and conditions and I confirm I have legal parental responsibility for this child/young person and am entitled to give this consent. I also confirm that there are no restrictions related to taking photos.

Signature:..... Date:.....

To be completed by Young Person (if 12 years or older)

I (Full Name of Young Person) consent /do not consent to photographing my involvement in activities under the stated rules and condition.

Signature : Date:.....

Conditions of use

1. This form is valid on an ongoing basis once signed and may be used for promotional purposes on literature, within funding bids, TV, on the website(s) of participating organisations or for purposes of a press release
2. You may contact us at any time to withdraw your consent for the images to be used.
3. We will not include details or full names (which means first name and surname) of any child, young person or adult in printed publications, without good reason. For example, we may include the full name of a competition prize-winner, if we have their consent.
4. We will not include personal e-mail or postal addresses, or telephone or fax numbers on websites or in printed publications.
5. If we use images of individual children or young people, we will not use the name of that child or young

person in the accompanying text or photo caption without good reason. And if a child or young person is named in the text, we will not use a photograph of that child or young person to accompany the article without good reason. For example, we may include a picture and full name of a competition prize-winner if we have their consent.

6. We may use group with very general labels, such as "Junior team" or "Juniors training".

7. We will only use images of individuals who are suitably dressed, to reduce the risk of such images being used inappropriately.

8. Spectators (including parents/ relatives and coaches) - spectators wishing to use photographic / film video equipment with a telescopic or zoom lens should register their intent with the organisers of the event

