

WALSALL FC Foundation



Registration Form

Please complete the below and all of the forms contained within this pack accurately and honestly.

First Name: *

Middle Name(s):

Surname: *

Age: * Date of Birth: *

Gender: * MALE FEMALE

Address: *

 Postcode:

Medical Issues:
 Please supply us with details of any medical conditions we should be made aware of – including allergies.

Name of Person to contact in an Emergency: *

Emergency Contact No1: *

Name of Person to contact in an Emergency: *

Emergency Contact No2: *

Email Address: *

Walsall FC Foundation Sports Equity
 (All details will be kept strictly confidential)

Participants are asked to put a cross in the relevant boxes below to enable Walsall FC Foundation 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 Foundation 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 the next section of the form is not compulsory.**

Ethnic Background:

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

A White	B Mixed	C Asian or Asian British	D Black or Black British	E Chinese or Other Ethnic Group
English <input type="checkbox"/>	White & black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Other <input type="checkbox"/>
Scottish <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	
Welsh <input type="checkbox"/>	White Other <input type="checkbox"/>	Other <input type="checkbox"/>		
Other <input type="checkbox"/>				

Disability:

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

If you have ticked the box please ✓ in all the boxes that apply to you:

Visual Impairment <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Learning disability/difficulty <input type="checkbox"/>
Mental Health issues <input type="checkbox"/>	Physical Impairment <input type="checkbox"/>	Other <input type="checkbox"/>

Further Info: (If Applicable)

Additional:

Are you a customer or purchase products from:

HomeServe <input type="checkbox"/>	WHG <input type="checkbox"/>
Accord <input type="checkbox"/>	WATMOS <input type="checkbox"/>

Have you got immediate family currently serving or ex-military:

Walsall FC Foundation - Declaration of Consent

Participation Notice: I consent my child to walk home alone after the session	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Media Notice: I consent to the person I care for featuring in photographs or videos that will be posted publicly. We take photographs and/or videos of our activities from time-to-time. These images and/or videos will be used by WFCF, Walsall Football Club.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Communication Notice: I consent to receiving information about WFCF services via Text, Social Media updates and email.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Signed

Participant/Parent/Guardian: *

Date: *

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

