



Winwick Athletic F.C - Season 2008/2009

Club Player Registration & Health Form



Dear Parents / Player, Thank you for asking to join Winwick Athletic FC. Please return this form as soon as possible. By signing this form you agree to a number of things and confirm that; 1) Player has completely de-registered from previous football Club and does not owe any money or equipment to that Club. 2) You agree to abide by FA, Club and Warrington League Rules. 3) You agree to read and comply at all times with Codes of Conduct as per our "Rules & Constitution" on <http://www.winwick-athletic.co.uk> for Parents, Players and Spectators. 4) Data can be stored by Winwick Athletic FC and Warrington Junior Football League. 5) Photos may be taken of players strictly in accordance with accepted FA guidelines for Club purposes. All data will be kept secure by Club and strictly unavailable for use by others.

PLAYER DETAILS	Manager :	Age Group: U	Division:
CHRISTIAN NAME			
SURNAME			
DATE OF BIRTH		SEX	Male / Female
NATIONALITY			
SCHOOL		YEAR	
HOUSE No. / NAME			
STREET NAME			
AREA			
TOWN			
POSTCODE			
HOME TEL No.			
Medical information is held securely on the Club and League database and will not be issued to others without your consent.			
MEDICAL DETAILS			
DOCTOR			
SURGERY ADDRESS			
SURGERY TEL No.			
ANY MEDICAL CONDITIONS / MEDICINE / SPECIAL DIET / TREATMENT BEING TAKEN :			
DETAILS OF ANY ALLERGIES :			
Please use a separate A4 sheet to provide any additional information for use in an emergency.			
PARENTS / GUARDIANS DETAILS			
	PARENT 1 / GUARDIAN 1		PARENT 2 / GUARDIAN 2
CHRISTIAN NAME			
SURNAME			
HOME TEL No.			
WORK TEL No.			
MOBILE No.			
E-MAIL			
Details of anyone else who can be contacted in an emergency if you are not available.			
NAME			
HOME TEL No.			
MOBILE No.			
RELATIONSHIP			
PERMISSION AND DECLARATION			
I / We understand that in an emergency, every effort will be made to contact the people listed above, but, in the event that no one is contactable, I / We hereby authorise a Club representative to contact a medical practitioner and to sign any written consent required by such medical authority acting on my behalf in my absence. I / We understand that if I / We infringe published rules in any way, The Club, The Warrington Junior League and/or The Football Association may take disciplinary action. Parents are also reminded that they are responsible for the behaviour of all Spectators who attend training sessions and/or matches to watch a Player. It is therefore advised that spectators be given copies of the Club Codes of Conduct, or be asked to read them on our website too, so that they are aware of the Club's policy on all aspects of Child Protection and understand the behaviour that is expected of them. Ultimately that responsibility rests with you.			
Parent /Guardian Signatures (to agree to comply with Club Code of Conduct and to Items 1 to 5 above)			
..... PRINT Date/...../.....			
..... PRINT Date/...../.....			
Player Signature (to agree to comply with Club Code of Conduct for Players)			
..... PRINT Date/...../.....			

The Football Association has asked all Football Clubs to provide evidence of their current membership with respect to gender, race, religion, disability, etc. **Please complete the reverse of this form to help the FA.**



Winwick Athletic F.C - Season 2008/2009 Club Player Registration & Health Form



The Football Association – Equality Monitoring Form Data

(This data is to be summarised on a depersonalised basis in order to submit an overall summary of those belonging to Winwick Athletic FC. Data is submitted annually to the Football Association and is kept on a strictly confidential basis and will not be disclosed to any other party).

NOTE: The following data applies to the Club Player.

AGE (The following applies to all Club members that fall into this category)

Under 18	<input type="text"/>	18 - 30	<input type="text"/>	31 - 40	<input type="text"/>	41 - 50	<input type="text"/>
51 - 60	<input type="text"/>	61 - 65	<input type="text"/>	Over 65	<input type="text"/>		

DISABILITY

Visual impairment	<input type="text"/>	Physical disability	<input type="text"/>	Learning disability	<input type="text"/>
Hearing impairment	<input type="text"/>	Mental health problems	<input type="text"/>		

RELIGION

No active faith	<input type="text"/>	Sikh	<input type="text"/>	Christian	<input type="text"/>
Buddhist	<input type="text"/>	Hindu	<input type="text"/>	Including Church of England, Catholic, Protestant & All other Christian denominations	
Jewish	<input type="text"/>	Muslim	<input type="text"/>		

Others – Please state religious/spiritual path and the numbers in each category eg: Rastafari

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

ETHNIC BACKGROUND

White	Mixed	Asian or Asian British
English <input type="text"/>	White & Black Caribbean <input type="text"/>	Indian <input type="text"/>
Irish <input type="text"/>	White & Black African <input type="text"/>	Pakistani <input type="text"/>
Scottish <input type="text"/>	White & Asian <input type="text"/>	Bangladeshi <input type="text"/>
Welsh <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>
Other <input type="text"/>		

Black or Black British

Caribbean	<input type="text"/>
African	<input type="text"/>
Other	<input type="text"/>

Chinese or Other Ethnic Groups

Chinese	<input type="text"/>
Other	<input type="text"/>