**Player Registration and Consent Form 2022/2023**

Please make sure you have read and completed all pages on the form before returning it to a Club Official or it may be scanned and sent as an email attachment to infoyrshiretigers.co.uk All information will be treated with sensitivity, respect and will only be shared with those who need to know. If any information contained within this form changes during the course of the season, please let the Club Secretary or Head Coach know as soon as possible.

**As stated Ayrshire Tigers Powerchair Football Club’s Constitution ALL registered players will be enrolled as full members of the organisation.**

If the player is aged between 13 and 17 they should read the information on this form and complete the form with the support of their parent/carer. The player and their parent/carer should complete sections H and I, respectively. If the player is aged under 13 then the form should be completed by their parent/carer and section H does not require to be completed.

1. **Player Details**

|  |  |
| --- | --- |
| Name:  |  |
| Date of Birth: |  |
| Address: |  |
| Postcode: |  |
| Home Tel: |  |
| Mobile No: |  |
| Email: |  |
| Do You Have Any Communication Needs and What are They? |  |
| Religion: |  |
| Do You Participate In Religion or Spiritual Practices? |  |
| When Sending Messages to Players Is There Another Adult We Should Copy In?  |  |
| Will You Be Met After Training or a Game? |  |
| If The Person Is Late or Does Not Turn Up What Should We Do? |  |

1. **Emergency Contact Details (Compulsory)**

(In the event that we are unable to contact the named Parent/Guardian above in an emergency)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Home Tel: |  |
| Their Relationship to you: |  | Mobile No: |  |
| Address: |  | Email: |  |
| Postcode: |  |  |

1. **General and Medical Information**

|  |
| --- |
| Name of GP:  |
| Address:  |
| Post Code: | Tel No: |

1. Are there any Medical/Disability Conditions or Additional Support Needs about which we should be aware? e.g. Spinal Injury, Cerebral Palsy, Asthma, Epilepsy. This information will be kept confidential and only shown to medical staff should the need arise.

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1. Does the player take any medication? If yes, please give details:

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1. Does the player have any existing injuries (include when injury sustained and treatment received)? If yes, please give details:

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1. Does the player have any allergies, including allergies to medication? If yes, please give details:

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1. Does the player have any dietary requirements? If yes, please give details:

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1. Is there any other relevant information which you would like us to know about the player? (e.g. access rights, support needs, etc)

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1. **SHARING INFORMATION**

Children and young people and their parents/carers may have access to a Named person to help them get the support they need. A Named Person will normally be the health visitor for a pre-school child and a promoted teacher – such as a Head Teacher – for a school age child.

If you do not have a Named Person, please provide the information of your Head Teacher.

|  |  |
| --- | --- |
| Named Person/Teacher:  | Tel No: |

1. **TRANSPORTATION OF CHILDREN**

For the purpose of powerchair football activities, the Club may transport you to and from games, activities or events.

The Club will ask any person using a private vehicle to declare that they are properly licensed and insured and, in the case of a person who cannot so declare, will not permit that individual to transport children under the age of 18 or a protected adult.

Full information on the transportation of children and protected adults can be found in the **Club’s Safeguarding Policy.**

Unless there are specific arrangements we expect members to make their own way to and from powerchair football matches and events and the Club’s responsibilities starts and stops at the start and end of any session.

1. **PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)**

You may be photographed or filmed when participating in powerchair football. Photographs or videos of you participating as part of the team may be:

* published in Club publications, including on the Club’s website;
* used for training purposes;
* broadcast live over the internet by the Club. This is commonly known as ‘live streaming’.

At times the Club may wish to take photos or videos of the team or individuals in it. We ensure these are safe and respectful and will ask you first if there is particular image of you we would like to use for example in publicity. All images and videos will be taken and used in line with the **Club’s Safeguarding and Photography Policy.**

1. **CONTACT INFORMATION**

**Ayrshire Tigers PFC** may contact the player from time to time via email, text or social networking site. All communication will be done in line with the **Club’s Safeguarding Policy.**

1. **AGREEMENT (to be completed by all players)**

**\*delete as applicable**

*All players are required to sign the consent below in Section H. Players under 16 years also require a parental/carer consent in Section I.*

I consent / I do not consent\* to the Club storing the medical information I have completed in Section B (Medical Information) of this form for the duration of the season.

I consent / I do not consent\* to receiving medical treatment, including anaesthetic, which medical professionals consider necessary.

I consent / I do not consent\* to the Club sharing information with my Named Person or school, as deemed appropriate, if my wellbeing is, or may be, impacted and it is deemed necessary by the Club Safeguarding Officer to share that information.

I consent / I do not consent\* to being transported by persons representing the Club for the purposes of participating in powerchair football activities.

I consent / I do not consent\* to my photograph or image being taken and used by the Club for the purposes set out in section F of this form.

I consent / I do not consent\* to the Club contacting me via email, text or social media to give me information about powerchair football activities.

**I confirm that I agree to abide by the Club’s Player Code of Conduct, the Club Constitution and all other club policies and procedures.**

**I also confirm that I am registering to be a player and member of Ayrshire Tigers Powerchair Football Club.**

**I agree to Inform the Club should any of the information contained in this form change.**

|  |  |
| --- | --- |
| Player Name  |  |
| Player Signature |  |
| Date |  |

1. **AGREEMENT (to be completed by the player’s parents/carers if player is under 16)**

**\*delete as applicable**

I consent / I do not consent\* to my child receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

I consent/ do not consent\* for the relevant official of theClubto make such emergency decisions as necessary with regard to the treatment of any medical condition or injury received during any activity until such times as I can be contacted.

I consent / I do not consent\* to the Club sharing information with my child’s Named Person or school, as deemed appropriate, if the young person’s wellbeing is, or may be, impacted and it is deemed necessary by the Club Safeguarding Officer to share that information.

I consent / I do not consent\* to my child being transported by persons representing the Club for the purposes of taking participating in powerchair football activities.

I consent / I do not consent\* to my child being photographed or filmed and being used by the Club for the purposes set out in section F of this form.

I consent / I do not consent\* to my child being contacted via email, text or social networking site for the purposes as set out on Section G.

I do / do not\* wish to be copied in to these messages.

**I confirm that I am aware of the Club’s Safeguarding Policy, Club Constitution, Players and Parents/Carers Code of Conduct and the Club’s Code of Conduct for Safeguarding Players Wellbeing.**

**I agree to Inform the Club should any of the information contained in this form change.**

|  |  |
| --- | --- |
| Parent/carer’s name |  |
| Relationship to Player  |  |
| Parent/carer’s signature |  |
| Date |  |
| Email  |  |

|  |
| --- |
| *If you do not consent to any of the above and would like to provide further information, please include the information here:*  |

**Data Protection**

Under GDPR Article 8, the age of consent, i.e. when a child is required or able to give their consent for the processing of the own data, is 16. However, member states are allowed to allocate their own age of consent, with a cap at 13 years of age.

In Scotland the processing of the personal data of a child shall be lawful where the child is at least 16 years old. Where the child is below the age of 16 years, such processing shall be lawful only if and to the extent that consent is given or authorised by the holder of parental responsibility over the child.

Here at Ayrshire Tigers Powerchair Football Club we take your privacy seriously and only use your personal information to administer your membership. Please read the privacy notice which sets out how we use your data, who we share it with, how we keep it secure and your rights as a data subject.

**Parent or guardian consent required for a young person under 16 years old**

I consent to the use of my child’s personal data as set out in the Club’s privacy notice.

**Parent/Guardian Signature:
Date:**

**PARENT / GUARDIAN-PLEASE NOTE**

**PLAYERS WILL NOT BE ALLOWED TO TAKE PART IN ANY CLUB ACTIVITIES WITHOUT THIS CONSENT FORM BEING SIGNED AND RETURNED TO A CLUB OFFICIAL.**