



FELPHAM COLTS FOOTBALL CLUB

SEASON 2018/19

PLAYER/PARENT/CARER DATA PROTECTION

This form is to be attached to your registration form when joining Felpham Colts FC for the season 2018/19. This form is to explain data protection and for you to agree/disagree and explain where your data will be held and what it will be used for.

Players Full Name:	Players Date of Birth:
Team Name:	Team Age Group:
Managers Name:	

PLAYERS DETAILS

The date on this form and your registration form including a current photograph, will be kept securely by the Club's Registrations Secretary and shared with the Club Secretary, Team Manager and League Registration Secretary. It will also be put on the FA Whole Game System and FA Full-time. It is required to enable eligibility to play for this team and for contact concerning Club / Team activities.

FIRST AID

The data given will be kept by the Club's Registrations Secretary and shared with the Team Manager and League Registration Secretary. It will also be put on the back of the registration ID card. It is required in case of an emergency so that the emergency contact can be notified and appropriate treatment can be administered.

Authority for Medical Treatment

In case of an emergency Felpham Colts FC have permission to allow a doctor to undertake whatever treatment is considered necessary and in the best interest of the child's welfare

YES

NO

CODES OF CONDUCT

PARENT/CARER/PLAYER CODE OF CONDUCT:

We confirm that we have read and understood the relevant Code of Conduct. We have attached all duly signed copies to this form. State Yes/No

DATA PROTECTION

All data kept by the Club will be held up to one year after the player leaves Felpham Colts when it will be deleted. If any information you have given changes you must inform us immediately. You have the right to ask for data to be removed from our records and we will inform you by email when it has been done.

I consent to Felpham Colts keeping my son/daughter's personal details for registration to the Club and Team	YES	NO
I consent to Felpham Colts keeping my son / daughter's medical details and a contact in case of emergencies	YES	NO
I consent to Felpham Colts keeping my contact details, including email address, for contacting me concerning Felpham Colts business.	YES	NO

Please complete the boxes relating to the data collected and then sign and date the form

Signed:	Date:
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