

PLAYER DETAILS	
Full name	Date of Birth
Home address	
Postcode	Telephone number
Team registering for	

MEMBERSHIP TYPE					
Training & Playing	£22	<input type="checkbox"/>	Training Only	£10	<input type="checkbox"/>
Payments made to: Wanborough Wasps Junior Football Club Ref: [Player Name]			Sort Code: Account Number:	09 07 25 29765187	

MEDICAL DETAILS
Please indicate if you have any medical conditions we should be aware of (e.g. asthma), and the required course of action:

PARENT / GUARDIAN DETAILS (OF MEMBERS UNDER 18 YEARS OLD)								
Title (please tick):	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>
First name				Surname				
Home address (if different to above)								
						Postcode		
Telephone number				Mobile number				
Email address								
NAME OF PAYEE FOR STANDING ORDER								

EMERGENCY CONTACTS	
In the event that the above-named person cannot be reached, please give two extra emergency contact names and numbers.	
Name	Contact number
Name	Contact number

PARENTAL CONSENT	
Please read the following statements carefully, and tick the relevant box if you agree to them. You will be able to withdraw your consent at any time.	
In the event that my son/daughter is injured whilst playing football / travelling to and from football events and I cannot be contacted, I give my consent for my child to receive medical assistance.	<input type="checkbox"/>
I wish to be contacted by WWJFC by email to keep me up to date with the latest news and information about the club during the 2019-2020 season.	<input type="checkbox"/>
I agree to the use of photographic images and videos of my child in relevant WWJFC publications, including on the club's website (www.wanboroughwasps.com), social media feeds and marketing publications.	<input type="checkbox"/>
I agree to the publication of my child's name when publishing match and league results in relevant WWJFC publications, including on the club's website (www.wanboroughwasps.com), social media feeds and marketing publications.	<input type="checkbox"/>
I consent to disclosure by the Wiltshire County Football Association (Your data will be entered onto the FA Whole Game System by WWJFC)	<input type="checkbox"/>
I agree to be bound by and to observe the Club Rules and The Rules and Regulations of The Football Association Limited and Wiltshire County Football Association, and all Competitions in which the Club participates.	<input type="checkbox"/>

DATA PROTECTION AND PRIVACY	
<p>Wanborough Wasps Junior Football Club takes the protection of your data seriously and as a Club comply with the General Data Protection Regulation (GDPR).</p> <p>Before signing this registration form, please take time to read and understand the Club's Data Protection and Privacy Policies. These policies will confirm how we keep your data secure and how we process your data within the Club and with third parties, such as leagues.</p> <p>These policies can be found on our website: www.wanboroughwasps.com</p> <p>As part of the GDPR regulation, we need to ask you to confirm you have read the policies and you authorize us to process your data in line with our policies.</p>	
I confirm that I have read and understand the Club's Data Protection Policy	<input type="checkbox"/>
I allow WWJFC to process my personal data in line with the Club's Data Protection Policy	<input type="checkbox"/>

Signed	Print name	Date

Please read, sign and return the Wanborough Wasps Player Registration Form to the Coach of the team you or your child is registering for. Alternatively you can send the completed form along with the completed standing order form to secretary@wanboroughwasps.com.