**ST IVES TOWN FC TOTS**

Registration Form - Season 2019-20

Full Name...................................................................Prefered name……………………………. DOB.................................................... Age Years .......... Months……………

Address.......................................................................................................................................................................................................................... Post code ...................................

Contact Mob .............................................. Home number...........................................................

Parents Email Address……………………………………………………………………………………………………….

Emergency name / number................................................................................................................

Allergies / Medical conditions e.g (Asthma)...................................................................................

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By signing this form, you be accepting/ abiding by the FA Respect Codes of Conduct for Player/ Spectator plus all Club Policies, Procedures and Terms and Conditions. See website for copies [www.stivestownfc.co.uk](http://www.stivestownfc.co.uk) .

**Photographic Policy** - The Club may want to use any photographs taken of the players for advertising / publicity purposes etc. If you have any objections to this please indicate.

Yes No Reasons why not...............................................................

**Data Protection** – As a Parent/ Guardian you are signing to allow St Ives Town FC to retain and use Data pertaining to your child, in regards to our registration processes/ Audit purposes and will dispose of such Data 2 years post the year of the registration.

Parent/ Guardian Signature..........................................................................................

Club Secretary / Lead Coach Signature....................................................................