



Consent Form – This form must be completed by a parent/ guardian/ carer and returned to a member of staff prior to taking part in any activities. Please answer **ALL** of the below questions.

Participant Details			
Full Name:			
Date of Birth:	Male	<input type="radio"/>	Female <input type="radio"/>
Home Address:		Post Code:	
School:		Year Group:	
Please detail any medical conditions, medication or food allergies that our staff should be aware of:			
Do you consider the participant to have a disability?	Yes	<input type="radio"/>	No <input type="radio"/>
If you answered YES please clearly state the disability along with any necessary details:			
Emergency Contact Details			
Full Name:			
Relationship to participant:			
Telephone:	Mobile:		
Photography			
Under Child Protection Law, & The Data Protection Act you must now indicate if a participant is allowed to be photographed & filmed for Blackpool FC Community Trust media & marketing purposes:			
I DO give permission for my child to be photographed & filmed for media & marketing purposes			<input type="radio"/>
I DO NOT give permission for my child to be photographed & filmed for media & marketing purposes			<input type="radio"/>
Continued Communication – Newsletters, Opportunities & Special Offers			
We would like to send you relevant information & updates about our programmes & opportunities available to you & your family, this includes the BFCCT Newsletter. If you are happy to be contacted please opt in by ticking your preferred method(s) of contact:			
Email:	<input type="radio"/>	Email Address:	
Text Message:	<input type="radio"/>	Mobile Number:	
Calls:	<input type="radio"/>	Telephone Number:	
Post:	<input type="radio"/>	Address (If different from above):	
Consent Statement			
I confirm that my child is capable of taking part in Blackpool FC Community Trust activities. I accept that there are risks associated with taking part in physical activity and that the event organisers will take every precaution to minimise those risks. I have completed the medical information and confirm that in the event of any illness or accident, a suitably qualified person can administer any necessary treatment to my child. Please note that we may contact you annually to check our records are up to date.			
Name:		Date:	
Signed:			
Statement of Data Protection			
We collect information about you when you register to one of our programmes. This information is used for the purpose of monitoring the success of our programmes, some of which are externally funded. Blackpool FC Community Trust will therefore share some of the non-identifiable data we collect with these funders. We will never pass your personal (identifiable) information to any third-party organisations or use it for any other purpose. For more information on how we use your personal data please see our Privacy Policy.			
Charity Registration Number: 1128235			