

WAPPING YOUTH FOOTBALL CLUB

Coaches Registration Form



WAPPING YOUTH
FOOTBALL CLUB

Please use **BLOCK LETTERS**

Team to manage	
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Coaches Details –please give the name you used on your passport

Family Name			
First Name(s)			
Nickname/Preferred name			
Gender		Date of Birth	
National Insurance Number			
Address			
Postcode			
Telephone (Mobile)		Telephone (Home)	
Email			

First Emergency Contact

Title		Relationship	
Family Name			
Address			
Postcode			
Telephone (Home)		Telephone (Mobile)	

Medical Information

Please any disability or medical condition that we should be aware of?	
Do you require further assistance to carry out your role as a coach?	

(If you are in any doubt about detailing a condition, injury etc, please tell us, as in the event of an emergency medical staff may need to know. If there is insufficient space on this form, continue on a separate sheet and attach it to this document.)

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Coach Education

FAN number:	
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Have you received an enhanced DBS check?	YES / NO
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Have you completed the FA Emergency First Aid course?	YES / NO
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Have you completed the FA Safeguarding course?	YES / NO
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Do you hold any FA coaching in football qualification?	YES / NO
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Please list all other sports qualifications you have:

(Please provide a copy of all your qualifications and DBS certificate along with this form)

Conflict of Interest

Do you work with any other sports organisations or clubs?	YES / NO
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If yes, please declare all other clubs or organisations you are affiliated to:

Uniform

Please circle your jacket/shirt size	XS S M L XL XXL XXL
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Please circle your waist size	26 28 30 32 34 36 38 40
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Declaration

Signature Date

Print Name

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Data Protection and use of images for coaches

The information contained in this form will be stored in accordance with the Data Protection Act 1998 by Wapping Youth Football Club in a secure electronic system. This helps us to follow your progress and provide help if you require it

This information may be shared with relevant agencies or organisations to help us identify any additional support you may require and to help you obtain that support. This information includes details of any disabilities and your ethnicity.

Wapping Youth Football Club may take photographs of you at our events or activities. We may use these images in printed publications that we produce, as well as on our website and local media. We may also make video recordings for our club website, local newspapers, documentaries or other educational and promotional use.

Please answer questions 1 to 4 below, then sign and date the form where shown.

If you are under the age of 18 your parent/legal guardian must also give consent.

I give permission for Wapping Youth Football Club to:

1. Use photograph/video of me in digital and printed publications and media	YES / NO
2. Contact me by email	YES / NO
3. Contact me by text (i.e. whatsapp)	YES / NO
4. Share my information with other sports clubs and organisations	YES / NO

Coaches Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____
(if under-18)

Name _____ Relationship _____

Please return your application form to info@wappingyouthfc.co.uk or hand in at a pre arranged meeting