



# Mansfield Town Community Trust

## Registration Form

The following information is required by Mansfield Town Community Trust and will be used to register your child, identify their needs and gain your consent as detailed below.

### Child's Details

|                               |  |          |               |
|-------------------------------|--|----------|---------------|
| Child's Name                  |  |          |               |
| Name they like to be known as |  |          |               |
| Date of Birth                 |  |          | Male / Female |
| Address                       |  |          |               |
|                               |  | Postcode |               |
| School                        |  |          |               |

|   |
|---|
| Please inform us of any special diet, allergies or health problems the staff should be aware of |
|   |

### Parent/Carer Details

|                         |  |
|-------------------------|--|
| Name                    |  |
| Home Telephone Number   |  |
| Mobile Telephone Number |  |
| Work Telephone Number   |  |
| Email address           |  |

### Other Contacts in Case of Emergency

|                          |  |
|--------------------------|--|
| Name                     |  |
| Relationship to child    |  |
| Emergency Telephone Nos. |  |



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|                          |  |
|--------------------------|--|
| Name                     |  |
| Relationship to child    |  |
| Emergency Telephone Nos. |  |

### Consent and Confirmation

|  |          |
|--|----------|
| Every effort will be made to contact you in an emergency. However, should urgent treatment be needed, do you give permission for the appointed staff member to obtain urgent treatment for the child concerned. This may include surgery recommended by a doctor or dentist to proceed without delay for acute condition or alleviation of pain. |          |
| Permission   | Yes / No |

|   |          |
|---|----------|
| I give permission for my child to be taken to the outdoor play area, parks or on local walks and visits by the Football in the Community Staff. |          |
| Permission  | Yes / No |

|  |          |
|--|----------|
| I give permission for my child to play on 12 and under certified computer games and watch films that are also certified at 12 and under. |          |
| Permission   | Yes / No |

|   |          |
|---|----------|
| I give permission for photographs and videos of my child to be taken and used for the publicity of Mansfield Town Football in the Community including social media. |          |
| Permission  | Yes / No |

I confirm that the data I have provided is correct to the best of my knowledge, that I have read and understood Mansfield Town Football in the Community's Privacy Notice and that I consent to the permissions I have provided above.

|            |  |      |  |
|------------|--|------|--|
| Signed     |  | Date |  |
| Print Name |  |      |  |

In the event of being unable to get into the Community Room an alternative venue will be arranged either at Mansfield Town FC or at another site. We will do our best to contact you with prior warning of the change if possible.

**Please tell a member of the team if someone else will be picking up your child at the end of a session and don't forget to tell us of any changes to the details on this form.**



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Please inform us of any special diet, allergies or health problems the staff should be aware of