

SOUTHERN COUNTIES YOUTH DARTS



PLAYER REGISTRATION FORM

All Players/Counties are required to complete this registration form and return to Leanne Watering by email at leannewatering@msn.com

COUNTY

PLAYER DETAILS

Please include FULL address including postal code

MALE	FEMALE
FIRST NAME	
MIDDLE NAME (s)	
SURNAME	
Date of Birth	
ADDRESS	
Telephone Number	
Mobile Number	
Email Address	
Nationality	

British Inter-County Youth Darts League (Southern Section) Privacy Notice

The British Inter-County Youth Darts League (Southern Section) take the protection of the data we hold about you as a member very seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, updated and retained in accordance with current and future UK and EU Data Protection Legislation.

Please read our British Inter-County Youth Darts League (Southern Section) Privacy Notice carefully.

Declaration

By returning this completed form I confirm that I have read and understood the Privacy Notice and how data will be used and shared and am willing to abide by the terms of the British Inter-County Youth Darts League (Southern Section) County Membership Agreement

Full name:	
Signed:	
Date:	

Parent/Carer Details (If you are under the age of 18 years of age you must ask your parent/legal carer to complete the following)

Name:	
Address:	
Contact Telephone No:	
Email address:	
Signature:	

Additional Support

Please detail below any disability you have and/or any additional support that you may require from our Team Manager/Officials

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Medical Information

Please detail below any important medical information that our Team Manager/Officials should be aware of (e.g., epilepsy, asthma, diabetes, allergies etc.) **Please do not leave blank** – if there is no information, please write **'none'**

Please note that consent needs to be provided by the parent/carer for children under the age of 13:		
Signed:	Relationship to player:	Date:

I consent to my special category personal data provided in 'Additional Support' and 'Medical Information' to be shared with Team Managers or Officials for the purpose of my safe participation in The British Inter-County Youth Darts League (Southern Section). This data will not be shared or processed for any other purpose.

Emergency contact

Please insert details below to indicate the person who should be contacted in the event of an accident/emergency

Name:	
Contact Number:	

Photographic & Video Consent (those aged 18 or under)

British Inter-County Youth Darts League (Southern Section) recognises the need to ensure the welfare and safety of all young people in darts.

In accordance with our child protection policy and procedures we will not permit photographs, video or other images of children to be taken without the consent of the parent/carers and young people/children.

We will take all possible steps to ensure that these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the British Inter-County Youth Darts League (Southern Section) immediately.

Please sign below to consent to images being used for the purposes of publicising and promoting the sport:

Print Name:	
Signature:	