

# Lea Sports PSG Football Club

Established 1973



**2018-2019 SEASON**

Home Ground: The Recreation Ground, Walnut Tree Road, Pirton, Hitchin, Hertfordshire



## MINI-SOCCER REGISTRATION FORM Under 9 Panthers

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No. Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### **Parent/Carer Emergency Details: (must be completed)**

Name: \_\_\_\_\_

Mobile No. \_\_\_\_\_

#### **PRIVACY NOTICE**

Your child's data will be held by the Club in accordance with the General Data Protection Regulation (GDPR) Article 6 (1)(a): "Processing is with consent of the data subject". We make sure that your information is protected from unauthorised access, loss, manipulation, falsification, destruction or unauthorised disclosure. This is done through appropriate technical measures and relevant policies. We will only keep your data for the purpose for which it was collected and only for as long as is necessary, after which it will be deleted. Your child's photograph may be used in Club team photos.

##### **Access to Information**

You have the right to request access to the information we have on you. You can do this by contacting our Data Protection Officer: [dpo@leasports.com](mailto:dpo@leasports.com)

##### **Information Correction**

If you believe that the information we have about you is incorrect, you may contact us so that we can update it and keep your data accurate. Please contact: [dpo@leasports.com](mailto:dpo@leasports.com)

##### **Information Deletion**

If you wish the Club to delete the information about you, please contact: [dpo@leasports.com](mailto:dpo@leasports.com)

##### **Parental Consent**

By signing this form you agree to the above Privacy Notice; you also agree to your child receiving medical attention if he or she is injured while playing football or travelling to/from football events. You agree to be bound by and to observe the Club Rules and the Rules and Regulations of the Football Association Ltd and all competitions in which the Club participates.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

*If your child has any medical conditions of which the Club should be aware (e.g. asthma), please indicate these on the reverse of this form and tick this box:*

### **YOUR MEMBERSHIP FEE OF £50 IS DUE WITH THIS FORM**

#### **Payment by BACS**

Lea Sports PSG, Sort Code: 40-30-39; Account No. 51010867. Please quote the player's name as the reference. If you intend to pay by BACS, please tick this box: