## Leicester Athena Volleyball Club

## Junior Player Registration Form

## **Parents/Guardians**

To ensure we can contact you should the needs arise, could you please complete this form

Player's Name		
Date of Birth		
Address		
Postcode		
School/College		
Year Group		
Emergency Contact Name		
Relationship to Player		
Contact E-mail		
Contact Number		
Medical Conditions/Disabilities/Allergies and treatments we should be aware of:		



## **Data Protection and Photographic Images Statement**

Please read the following statements and initial in the boxes to show you agree.

Your e-mail address will only be shared with team/club members and we will only contact you with information regarding club/team matters		
You and your child's personal information will be held securely whilst your child is a member of our club. It will be deleted on leaving the club.		
All club members may potentially appear in promotional material on various plat- forms. By joining the club, you that images of your child taken at events may be used to publicise the club. No names will be used without your express permis- sion.		
An assigned social media platform will be used to communicate information for players, coaches, teams, committee members.		
To help foster positive School to Club links, we would like to inform your child's school/college of their involvement with our club and also of any notable achievements.		
ADDITIONAL COMMENTS TO BE AWARE OF:		
SIGNED (Parent/Guardian)		
DATE		

