

DATABASE REGISTRATION FORM



This form is to be completed by or on behalf of a Participant of Millwall Community Scheme activities, and signed by a duly authorised parent, guardian or carer who must be over 16 years of age (“the Signatory”).

The information will be used to register the Participant on our database. The Participant will then receive a unique User ID number (in the form of a membership card) which can be used when booking on to future activities. An Activities Booking Form will have to be completed when booking onto activities to confirm necessary emergency contact details and medical information.

Information provided on this Database Registration Form will be used to send promotional material for future Millwall Community Scheme activities, or information and offers from Millwall FC. All such material will be appropriate for the addressee and information will not be shared with other parties.

By signing this form, the Signatory agrees that the consents provided are valid until the 30th June 2011.

PARTICIPANT'S DETAILS (BLOCK LETTERS)

First name:		Surname:	
Full Address:			
		Postcode:	Tel No:
Male:	Female:	Date of Birth:	Age:
School attended:		School Year:	

ETHNIC ORIGIN: Please tick box

White		Black		Mixed	
<input type="checkbox"/>	British	<input type="checkbox"/>	African	<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	Eastern European	<input type="checkbox"/>	British	<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	Western European	Asian		Other	
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Bangladeshi	Please State:	
<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Indian		
<input type="checkbox"/>		<input type="checkbox"/>	Pakistani		
Are you a resident of:	<input type="checkbox"/> Southwark	<input type="checkbox"/>	<input type="checkbox"/> Lewisham	<input type="checkbox"/>	Other (Please state):

PHOTO CONSENT

Do you agree that the Participant may be photographed or filmed and that all copyright and other rights therein belong to the photographer/filmer (or otherwise as the Scheme may notify) and may be used by them or the Scheme without payment for purposes related to promotion of the Scheme and its activities. This will be valid until 30th June 2011.	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

ACCEPTANCE AND CONFIRMATION

I confirm that I have read and understood the information above, that all relevant information supplied about the Participant is correct. I confirm I have full authority to sign on behalf of the Participant and am over 16 years of age.			
Name of Signatory (Block letters):		Status (eg, parent, guardian or carer):	
Signature:		Date:	
Mobile:		Email:	
Please tick here if you DO NOT wish to receive information via text messaging or email from Millwall Community Scheme or Millwall FC			

FOR OFFICE USE ONLY

User ID		Date Entered		Staff Signature	
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Completed forms should be returned to: Millwall Community Scheme, The Den, Zampa Road, London SE16 3LN.