Guernsey Football Association – Mini player details

Where your child is registered with a GFA Affiliated Club, the GFA have requested that player data is passed on to them to register your child via the Whole Game System database, which is administered by the FA. The data stored on this System is subject to their privacy policy which is available to view on their website.

http://www.guernseyfa.com/public/privacy-policy

By completing this form, you are consenting to Sylvans Sports Club passing this data directly on the GFA.

This is in addition to data collected by Sylvans online registration process, data

Sylvans. For Season beginning:	provided via this form will be passed directly on to the GFA and not stored by		
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For Season beginning:	Sylvalis.		
	For Season beginning:		
		- · ·	
Player Details (these details will be inputted in the Whole Game System)			
Child's Full Name:	Child's Full Name:		
Child's Date of Birth:	Child's Date of Birth:		
Child's Address:	Child's Address:		
Parent/Guardian Details			
(these details will be inputted in the Whole Game System and linked with the			
Parent/Guardian Name:	•	detalisj	
Parent/Guardian Relation to Child:			
Parent/Guardian Date of Birth:			
Parent/Guardian Address:	Parent/Guardian Address:		
Parent/Guardian Email Address:	Parent/Guardian Email Address		
Parent/Guardian Contact Number:			
Tarenty dad didir contact Nambor.	rai erre, caar alam contact mamber.	1	
Emergency Contact Details if different from above	Emergency Contact Deta	ils if different from above	
Emergency Contact Name:	Emergency Contact Name:		
Emergency Contact Relation to Child:	Emergency Contact Relation to Child:		
Emergency Contact Number:	Emergency Contact Number:		
Emergency Contact Email Address:	Emergency Contact Email Address:		
	_		

Guernsey Football Association – Mini player details

<u>Medical Information</u>		
Does your child have a medical condition		
that we should be aware of?		
Does your child require any medication?		
Is there any other information we should be aware of?		

I agree to the above data being passed on to the Guernsey Football Association and
held by them in relation to my child.

Signed ______

Print Name: _____

Please pass completed forms on to Diana Simon, Sylvans Welfare Officer