FA Football Futures
Registration Form

NAME ……. DATE OF BIRTH ……. AGE ……

ADDRESS ……

POSTCODE …… GENDER **M / F** HOME TEL …… MOBILE……

E-MAIL …… SCHOOL / COLLEGE……

DO YOU PLAY FOR A FOOTBALL CLUB? **Y / N** If 'Yes' which one?……

SPECIAL LEARNING NEEDS……

MEDICAL CONDITIONS……

DISABILITY – Do you consider you have a disability? YES/NO* If Yes, please specify ……

ETHNICITY – we are committed to equality of opportunity. To help provide appropriate access & support, please tick the boxes where appropriate.

	11 Asian or Asian British - Bangladeshi		12 Asian or Asian British - Indian
	13 Asian or Asian British - Pakistani		14 Asian or Asian British - Other background
	15 Black or Black British - African		16 Black or Black British - Caribbean
	17 Black or Black British - Other background		18 Chinese
	19 Mixed - White and Asian		20 Mixed - White and Black African
	21 Mixed - White and Black Caribbean		22 Mixed - any other Mixed background
	23 White - British		24 White - Irish
	25 White - any other White background		98 Any other
	99 I prefer not to disclose my ethnicity		

To enroll on the programme you MUST have completed one of the following Leadership Courses?

- JSLA ☐ - CSLA ☐ - Junior Football Organisers ☐
- FA Level 1 Coaching ☐ - FA Level 2 Coaching ☐ - Referees Badge; Level……

Have you completed any other sporting qualifications?……

******Please enclose a photocopy of the qualifications you have ticked above, with the application******

Do you currently volunteer at a club? YES/NO*

If 'YES' please detail which Club: Contact/mentor at the club?……

…… Their contact telephone no……

If 'NO' do you have a local club that you would like to volunteer for? ……

I agree to abide by the programme regulations and I understand that during my role as a voluntary leader I have a responsibility to fulfill. The Football Association, The Worcestershire Football Association, nor their servants, agents or employees are under any liability in respect of injury, loss or damage, which I may sustain.

SIGNED (Young Leader)…… PRINT NAME: …… DATE: ……

SIGNED (Parent / Guardian)…… PRINT NAME: …… DATE: ……

PLEASE RETURN TO: Matt Jones, Worcestershire FA, Craftsman House, De Salis Drive, Hampton Lovett Industrial Estate, Droitwich, Worcestershire, WR9 0QE