**1:1 FPC PLAYER REGISTRATION FORM**

Players Name: Players Age:

(If player is under 18) Guardian’s Name:

Guardian’s Phone Number:

Address:

Post Code:

Email Address:

**Emergency Contact Details**

1) Name:

Phone Number:

2) Name:

Phone Number:

**Medical Conditions** (*please note down any medical conditions you have and anything you take for these conditions)*

**Any Current Injuries** (*please note down any physical injuries you have, or you are recovering from and your recovery)*

**Permissions (**Tick or cross here**)**I give permission for my, or my sons / daughters, photos to be used on 1:1 Performance Coaching’s website and social media (Facebook, Twitter and Instagram).

**Holiday Course Email**

Please tick here ( ) if you would like to be added to our email list to receive our updates via email.

**GDPR**

Tick here ( ) to confirm you are happy for 1:1 PC to keep this form on record for future courses. If at any point you would like 1:1 PC to remove this file from their record, please just email info@1-1pc.co.uk.

**By signing this form, you agree to the payment of the course, that your details above are correct and that you have read and agreed to the Players Code of Conduct and 1:1 FFPC 0 Tolerance and 0 Strike Policy.**

Date: