

# Coach Education Candidate Registration Form

To be completed by the candidate registering for the course.



## Activity Information

Course:

FA LEVEL 1

Course No:

MCT/LEW - AUGUST 19

Programme:

LEWISHAM MAIN GRANTS

## Candidate Details

First Name:

Surname:

Date of Birth:

Gender:

Ethnic Origin:

Address:

Post Code:

Contact No:

Email:

FAN Number:

## Medical History

Does the candidate have any injuries, weaknesses, medical conditions or allergies which may affect, or may be affected by, exercise or physical contact? (Please Tick relevant box)

Yes  No

If yes, please state problem or any action or medication required and/or any activity the participant should not be involved in:

*Please note: Coaches are not permitted to administer medicine, or take responsibility for medicines. If the candidate does require any medication he/she will be responsible for ensuring it is available and taken correctly.*

## Photo and Film Footage Consent

To comply with the data protection act 1998, we need your permission before we can photograph or make any recordings for promotional purposes. This could be for the purpose of Millwall Community, the Football Club or we may be visited by local or national media to promote an event we may be running.

Please tick the 'Yes' box if you agree to be photographed or filmed or tick the 'No' box if you do not give consent to be photographed or filmed.

Yes  No

## Emergency Contact Details

Name:

Contact Number

Relationship to candidate

Candidate Signature

Date