

**English National Partially Sighted Football League**

**Insert picture**

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| **Player Registration Form 2019-2020 Season** |

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| **Club Name** |  |

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| **Full Name** |  | **FAN Number** |
|  |  |
| **Date of Birth** |  | **Sight Classification B2-B5 and BBS or IBSA** |
|  |  |
| **Address** |  | **Sight Classification Expiry Date** |
|  |  |
| **Mobile Number** |  | **Please scan and send with this form proof to League of visual impairment** |
|  |  |
| **Home Phone Number** |  | **Copy of proof enclosed** |
|  | **YES** |  | **NO** |  |
| **Email Address** |  |
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1. By Submitting this form you confirm that the player has agreed to adhere to the FA and Partially Sighted Football League **Respect Codes Of Conduct**.
2. This form must accompany the team registration form.
3. The form must be completed in full and returned to Secretary@partiallysightedfootballleague.com or 38 Stadium Avenue, Blackpool, Lancashire FY4 3PB
4. A player’s photo and proof of visual impairment will only be required once. You must ensure the players FAN Number is provided.
5. **Photographs and filming –** Photographs and video footage may be taken during events and activities. We may wish to use photographs or video material taken during the event for future marketing/publicity, which may include use on PSFL website, social media, publicity purposes. **Do we have your permission to do so? Yes**  **No** 

**Print Name: Sign:** **Date:**