

REGISTRATION FORM

Project Name:

PARTICIPANT DETAILS Please provide us with your personal information as requested below in order for us to facilitate your participation in our activity session.

First Name:

Last Name:

DOB: / / / Gender: Male Female Prefer not to answer

Address:

Postcode:

Participant Contact No:

Participant Email Address:

Emergency Contact No:

Emergency Contact Name:

Emergency Contact Relationship to Participant:

PLEASE NOTIFY US OF ANY RELEVANT MEDICAL CONDITIONS (PHYSICAL OR MENTAL) THAT MAY ADVERSELY AFFECT YOUR PARTICIPATION IN THIS SESSION:

CONSENT

In addition to facilitating your participation in our activity sessions, the Huddersfield Town Foundation may use personal information as provided by you for profiling and data analysis. As part of this, we may share your personal information with our partners including, but not limited to: Huddersfield Town Football Club; Premier League; Premier League Charitable Fund; Professional Footballer's Association; The Football Association; KAL; Kirklees Council; One Kirklees; Kirklees College and Locala. We may also contact you to promote related sporting activities as delivered by the Foundation that we think you might be interested in. Further, we request your consent to use your personal information in the following ways:

Please tick this box to provide your consent for us to occasionally photograph and / or film you participating in our activity sessions. These photos and / or films may be used for promotional purposes and feature across our marketing platforms including but not limited to: match day programmes, Foundation website and Foundation social media platforms.

Please tick this box to provide your consent for us to contact you with opportunities for volunteering; training and qualifications; competitions; education and / or employment.

Please tick this box to provide your consent for us to contact you about events and fundraising opportunities that we think you might be interested in

In order to opt out at any time from your personal information being used in any of the above ways, you can do so by contacting the Foundation Company Secretary / Head of Foundation on 01484 503773. A copy of our Privacy Policy can be accessed on our website: www.htafcfoundation.com

Participant Signature:

Date: / /

 01484 503773

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ONE CLUB, ONE COMMUNITY

PLEASE TICK OR DELETE ANSWERS AS APPROPRIATE.

1 ARE YOU

Male

Female

I prefer not to answer this question

2 AGE

Please indicate your age by ticking one of the categories below.

18 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65 - 74

74+

3 DISABILITY

Do you consider yourself to have a disability?

Yes

No

I prefer not to answer this question

4 WHAT IS YOUR ETHNIC GROUP?

White

Mixed/multiple ethnic groups

Asian/Asian British

Black/African/Caribbean/Black British

Other ethnic group

[...]

I prefer not to answer this question

5 GENDER REASSIGNMENT

Do you consider your gender to be the same as at your birth?

Yes

No

I prefer not to answer this question

6 WHAT IS YOUR RELIGION OR BELIEF?

No religion

Christian (all denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion, please indicate:

[...]

I prefer not to answer this question

7 HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?

Bisexual

Gay man

Gay woman/lesbian

Heterosexual/straight

Other

[...]

I prefer not to answer this question

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Huddersfield Town Foundation Ltd, Leeds Road Sports Complex/Playing Fields, Leeds Road, Huddersfield, HD2 1YY

Tel: 01484 503773, www.htafcfoundation.com, Twitter @townfoundation, Facebook: htafcfoundation,

Charity Number:1146501, Company Number: 07690182