



**ASTON VILLA  
FOOTBALL CLUB**

|                               |  |
|-------------------------------|--|
| <b>Activity:</b>              | After-School Football Club<br>(Maximum of 18 places)   |
| <b>Location:</b>              | St. Mary's CofE Primary School   |
| <b>When is it?</b>            | <b>Tuesday's- 3.30-4.30pm</b>  |
| <b>Dates:</b>                 | Tuesday 16 <sup>th</sup> January- Tuesday 13 <sup>th</sup> February 2018<br>(5 sessions)         |
| <b>Where will we play?</b>    | <b>Sports Hall, Playground or School Field</b>   |
| <b>What will I need?</b>      | Football trainers/boots, Sports Kit, Shin Pads,<br>Plenty to drink!                              |
| <b>How much does it cost?</b> | <b>£3 per session<br/>£15 per term<br/>(Cash Only - to be paid in full to the school office)</b> |

|   |         |           |
|---|---------|-----------|
| School Name:  |         |           |
| Pupil's Name:   |         |           |
| Year Group:   |         |           |
| Date of Birth:  |         |           |
| Address & Postcode:   |         |           |
| Medical Conditions:   |         |           |
| Name of Person completing this form:  |         |           |
| Address & Postcode (of Person Completing this form- if different to the participants address listed above): |         |           |
| Relationship to the Pupil:  |         |           |
| Emergency Contact Numbers (including names):  | Name:   | Tel:      |
|   | Name:   | Tel:      |
| Email Address:  |         |           |
| Pick Up Options (After-School Club Only)-<br><i>Please Circle</i>   | Pick Up | Walk Home |
| Parent/Guardian Signature:  |         |           |



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☐ Please tick here to confirm that:

- I am either the Participant or the person with parental responsibility for the Participant; and
- I am aged 18 or over; and
- Where I am not the Participant, I have discussed the contents of this form with the Participant and have the authority to provide this information and permissions set out in this form; and
- All information submitted is complete and accurate to the best of my belief.

### Medical Liability

It is your responsibility to ensure that the Participant is physically fit to participate in the Programme and has not been advised to not participate in the Programme (or any other activities similar to the Programme) by a qualified medical professional.

*☐ I certify that there are no health-related reasons or problems which preclude the Participant's participation in the Programme, and that if this changes, I will make Aston Villa aware and withdraw the Participant from the Programme.*

*☐ I acknowledge and agree that all participation in the Programme is entered entirely at the Participant's own risk and the Club shall not be liable for any loss or damage suffered by the Participant (or another participant) during or as a result of participation in the Programme, except where any personal injury or death has been caused by the negligence of the Club.*

*☐ I consent to the Participant receiving medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Programme*

### Use of Personal Data

The information provided in this form is collected by Aston Villa Football Club Limited. Where this form is being completed in connection with a Programme being run by the Aston Villa Foundation (a registered charity within the Aston Villa group of companies) then the information will be passed to the Aston Villa Foundation in order to provide the services to the Participant.

Where you consent, Aston Villa Football Club Limited would also like to contact [you / the Participant] regarding news, special offers, new products and promotions related to Aston Villa and its commercial partners / selected third parties.

*☐ Yes, I would like to be contacted by Aston Villa regarding News, Special Offers, new products and Promotions.*

*☐ Yes, I would like to be contacted by selected Third Parties regarding News, Special Offers, new products and Promotions.*

### Use of photographic / video images

We may take photographic or video footage of the activities forming part of the Programme (including the Participant). Where you consent, we may use such footage for publicity and marketing purposes (including Aston Villa social media channels). We may also provide such footage / photographs to third parties who support the work that we do (such as the Premier League Charitable Trust and EFL Trust) to use for their own publicity and marketing purposes.

*☐ Yes, I am happy for Aston Villa and selected third parties to use the Participant's image (whether photographic images or moving video footage, including sound) for publicity and marketing purposes.*

Please note, if consent is not given. The Participant may not be able to take part in certain aspects of the Programme, including any planned team photos or videos, and their image will not be included in any publicity material used.



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