



## Dugout Area and Technical Area (DATA) Registration Form

SEASON 2018/2019	THE HALLMARK SECURITY LEAGUE
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<b>Full Name of Club</b>	
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<b>Capacity of DATA Registration *</b> <small>* Delete not applicable</small>	Manager	Coach	Physio	Committee Member	Other (Please state)
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<b>Full Name of DATA Personnel (PLEASE PRINT)</b>	<b>Surname</b>				
	<b>Forename(s)</b>				
<b>Date of Birth</b> <small>[dd/mmm/yyyy]</small>			<b>Contact Telephone No.</b>		
<b>Current Postal Address</b>					
	<b>Town</b>			<b>Post Code</b>	
<b>Email Address</b>					

*For medical personnel Only*

<b>Highest Football/Sports-specific Accreditation</b> <small>e.g. The FA Diploma in the Treatment and Management of Injuries</small>	
<b>Highest non Football/Sports-specific accreditation</b> <small>e.g. BSc (Hons) Physiotherapy. Please state none if none held.</small>	

<b>DATA Personnel Signature</b>	<b><u>I have read The Hallmark Security League Respect Code of Conduct, and I agree to fully support it.</u></b>	<b>Date</b>	
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<b><u>EU General Data Protection Regulation Consent</u></b>	<i>Please tick to confirm</i>
<i>I certify that the above information is correct and I consent to the information that I have provided on this form being used by the League for any purposes under the EU General Data Protection Regulations (GDPR).</i>	

<b>Signature of Club Official</b>		<b>Date</b>	
<b>Position of Club Official</b>			

Complete form electronically, print, sign and scan and then email as an attachment to [registrations@nwcfli.com](mailto:registrations@nwcfli.com)