

This form must be completed and returned to a staff member before participating in any activities. **Please answer <u>ALL</u> the below questions.** 

The below form requests permission for Blackpool FC Community Trust and Blackpool FC to use photographs and videos of you and recordings including your spoken words for marketing purposes.

By opting in, you agree for your photos/videos/spoken words to be used:

- 1. In promotional materials including, but not limited to, publications, leaflets, reports, posters, banners, displays, newsletters, and magazines.
- 2. On Blackpool FC Community Trust social media platforms including, but not limited to, Facebook, Instagram, LinkedIn, Twitter, and YouTube.
- 3. On the Blackpool FC Community Trust website.
- 4. In various forms of media published by our partner organisations to promote the work of Blackpool FC Community Trust. Any use outside of this will be specifically requested by the third party.
- 5. In local, regional, and national media, including, but not limited to newspapers, TV, representative websites, and social media. Any use outside of this will be specifically requested by the third party.

Participant Name:						
Please answer both statements						
Under The Data Protection Act 2018 and GDPR, you must now indicate if you consent to be photographed and filmed for the purposed listed above.						
I <u>DO</u> give permission for my <u>image</u> to be used.	Yes	No 🗌				
I <u>DO</u> give permission for my <u>video</u> to be used.	Yes	No 🗌				
I <u>DO</u> give permission for my <u>name</u> to be used.	Yes	No				
I <u>DO</u> give permission for my <u>spoken words</u> to be used.	Yes	No 🔲				
<ul> <li>Media will be held in accordance with the Data Protection Act 2018 and UK General Data Protection Regulation.</li> <li>Once permission is given the media will be kept securely and may be used unless consent is withdrawn.</li> <li>I can withdraw consent at any time by contacting Blackpool FC Community Trust directly via email: office@bfcct.co.uk.</li> <li>It may not be possible to recall media that has already been published. However, Blackpool FC Community Trust will delete media from its database and will go to all reasonable efforts to stop using it in future.</li> </ul>						
		- Contract				
Signing your name below or marking the digital signature checkbox serves as a form of electronic signature, confirming the information you have entered, & your acceptance of the terms stated, on this form.						
Signed:	Digital Signature:					
Statement of Data Protection						
We collect the personal information above when you begin attending our programmes. This information is used for safeguarding purposes and for the management of programmes. Blackpool FC Community Trust deliver externally funded programmes and therefore share some of the data we collect with these funders as part of our contractual obligation. You can request information about our funders by emailing <a href="mailto:office@bfcct.co.uk">office@bfcct.co.uk</a> . We will never pass your personal information to any third-party organisations to use it for any purpose outside of our contractual obligation without informed consent. Your preferred methods of communication will only be used to inform you about Blackpool FC and Blackpool FC Community Trust opportunities. Please see our Privacy Policy and Data Protection Policy on our website <a href="www.bfcct.co.uk">www.bfcct.co.uk</a> for more information on how we use and store your data.						
Charity Registration Number: 1128235						



This form must be completed and returned to a member of staff before participating in any activities. **Please answer <u>ALL</u> applicable questions below** 

Participant Details						
Full Name:	Date of Birth:					
Gender:	Ethnicity:	ilcity:				
Home Address:			Postcode:			
Do you consider yourself to have a disability?			Yes	No 🗌		
IF YES, please clearly state the disability along with any necessary details:						
To allow us to support you as best we can, please detail any religious/cultural needs, medical conditions, medication, or allergies that our staff should be aware of:						
Emergency Contact Details – must be	contactable at <u>ANY</u> time	2.				
Full Name:						
Relationship to participant:		Contact Number:	Contact Number:			
Confirmation of Participation - Please note that we may contact you annually to check our records are up to date.						
I confirm that I can take part in Blackpool FC Community Trust activities.			Yes	No 🗌		
I accept that there are risks associated with taking part in physical activity and that the event organisers will take every precaution to minimise those risks.		Yes	No 🗌			
I have completed the medical information and confirm that in the event of any illness or accident, a suitably qualified person can administer any necessary treatment.			Yes	No 🔲		
Name:			Date:			
Signing your name below or marking the digital signature checkbox serves as a form of electronic signature, confirming the information you have entered, & your acceptance of the terms stated, on this form.						
Signed:				Digital Signature:		
Preferred Methods of Communication – Opportunities & Special Offers						
Blackpool FC and Blackpool FC Community Trust would like to send you relevant information and updates about programmes and opportunities. If you are happy to be contacted, please opt in by ticking your preferred method(s) of contact:						
Email Yes No [	Email address	:				
Text Yes No [	Mobile:					
Call Yes No	Landline/mob	le:				
Post Yes No	Home address	dress:				
Statement of Data Protection						
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Charity Registration Number: 1128235						