**ASTON, ERDINGTON SALTLEY & SUTTON S.F.A.** 

**Personal Information And Data Protection Consent Form**

* I give permission for my son to represent Aston Erdington Saltley & Sutton Schools FA at football.
* I understand that this will involve, on occasions travelling away by coach,minibus, or car driven by team managers / parents and the occasional team photograph will appear on the web site and in the local press.
* I consent to my son receiving information about games by text or phone.
* I consent to any emergency medical treatment necessary during the course of any of the fixtures.
* I have provided my email address / telephone number / mobile telephone number / postal address to Aston, Erdington Saltley & Sutton Schools Football Association and in so doing consent for it to be used by Association officials/volunteers to contact me with regard to my son’s involvement in football organised by Association.
* I also give consent to you using the same contact details for related activities (e.g. such as awards ceremonies, meetings/briefings, consultations on future plans) organised by the Association.
* I consent to you using any data I provide about my son for the purposes of the above activities.
* I understand that at any point I can have all or any of my contact details removed from your records, and/or instruct you to cease to contact me for either or both of the reasons above, and that I have the right for that to happen quickly.
* I further understand that my data will be held until my son no longer plays football for the above Association, and immediately thereafter it will be confidentially destroyed unless I explicitly ask you to retain it so that I can be kept up to date with football and/or related activities of the Association.
* I will update the Association in the event that any of these contact details change.
* I have seen the Association’s privacy notice and understand who to contact should any changes or queries arise.

**Parent / Guardian Signature……………………. Date:**

**ASTON, ERDINGTON SALTLEY & SUTTON S.F.A.** 

**Contact Details Consent Form**

**Student Name:**

**School:**

**Date of Birth:**

**Address:**

**Contact Number(s):**

**Medical Conditions:**

**Parent / Guardian Signature……………………. Date:**