

Street Reds

Free football sessions for boys and girls aged 8-18

Fridays 6pm-8pm
Launching Friday 20th April 2018

Free sports, volunteering and positive activities for young people.

Parents/carers should complete a consent form to be brought on the night.

Consent forms can be downloaded from www.mufoundation.org/consent.

Alternatively, parents/carers can complete a consent form on the night.











Manchester United Foundation Consent Form

PROJECT:	SEASON:
For office use only	



of office use offiny			Foundat
Personal details of participant			
FORENAME(S):	SURNAM	E:	
DATE OF BIRTH:		AGE:	GENDER:
SCHOOL:			SCHOOL YEAR:
DISABILITY: ☐ None ☐ Yes (If Yes please specify)		es (If Yes please specify	
Terms and Conditions The Foundation explicitly excludes any and all liability other than			
Manchester United Data Protection Notice Manchester United Foundation uses the information provided in of each participant and their contact details and to administer and details please see the Manchester United Foundation privacy polis registered as a Data Controller with the Information Commission By signing below, I confirm that the person referred to in the by Manchester United Foundation. I have read and agree to SIGNED (parent/guardian or participant if 18 or over)	nd evaluate the relevalicy available at www. ioners Office, reference is form as the partice of the Terms and Cormany person authorise ian). We own all right that such use does no iewed and their commour partners and will acyPolicy. As part of our	int course the participan mufoundation.org. Man e Z152354. ipant can take part in the iditions and the Data Participan DATE:	t is taking part in. For further chester United Foundation the activities arranged rotection Notice. permit Manchester United s part of the Group to take and stage and we are entitled to use the relevant individual whose used in promotional materials. ordance with Manchester United
Contact details of parent/guardian (or participant	-		
NAME:	ii io oi ovci)		
RELATIONSHIP TO PARTICIPANT:			
ADDRESS:			
		POSTCODE:	
EMAIL:			
EMERGENCY CONTACT 1	CONITACI	T NILINADED.	
NAME: EMERGENCY CONTACT 2 NAME:		CONTACT NUMBER: CONTACT NUMBER:	
	COMME	O.M.D.LIV.	
Image Consent Opt Out Please tick the boxes below if you DO NOT give permission for:			
☐ The taking and/publication of images of myself (if over	er 18) or my child (if _l	oarent/guardian) as set c	out above.

For myself (if over 18) or my child (if parent/guardian) to be interviewed and comments to be broadcast or

used in promotional material as set out above.