****APPLICATION TO PARTICIPATE IN MATCHES AGAINST FOREIGN OPPOSITION**

**Only for use by a DISTRICT or COUNTY SCHOOLS’ FA**

*To be completed in full and forwarded to the English Schools’ Football Association at least 28 days prior to the date of the intended match or the first of a series of matches.*

We , the applicant Association with

Affiliation Number , wish to arrange the following match(es) against the following foreign team(s):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Club(s)/ Tournament** | **Age Group** | **Date of match(es) and kick-off time** | **Venue** | **Host Association** | **National Associations of Team(s)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*(If insufficient space, please provide a separate list along with this form)*

In submitting this application we acknowledge and confirm that in relation to the match(es)/tournament for which consent to participate is requested we shall fully comply with the Laws of the Game and all FA Rules, Regulations, Procedures and Policies.

# In circumstances where the match(es)/tournament involves one or more youth teams, we additionally acknowledge and confirm the following:

* We shall fully comply with The FA’s/ESFA’s Safeguarding Children Policies and Procedures <http://www.thefa.com/football-rules-governance/safeguarding> and <http://www.esfa.co.uk/childwelfare/>
* We shall at all times be responsible for the safeguarding and welfare of our Association’s Officials, Players and Staff;
* We hold written consents from the parents/carers of all young persons aged under 18 that will attend the match(es)/tournament. No young person shall participate in the match(es)/tournament in the absence of such consent;
* Where match(es)/tournaments involving young persons of school age are due to take place during term time, we hold written permissions from the head teachers of all young persons involved;
* We have completed an ESFA risk assessment for the event (please enclose with this application.) Risk assessment can be downloaded from the welfare pages on the ESFA website – <http://www.esfa.co.uk/childwelfare/>
* We have the appropriate insurance cover in place to travel and take part in this event

If the Association requires safeguarding support please contact your National Welfare Officer.

|  |  |  |  |
| --- | --- | --- | --- |
| Association Signatory: |  | Print Name: |  |
| Email: |  | Association Role: |  |
| Date: |  | Mobile Number: |  |

**MATCH / TOUR / TOURNAMENT ORGANISER**

Please complete this section if applicable - i.e. if your match/tournament/tour has been organised, on your behalf, by a commercial sports tour company.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Commercial Company |  | | |
| Name of Contact: |  | Email address: |  |
| Telephone number |  | Website: |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REGISTER OF STAFF INVOLVED IN MATCH / TOURNAMENT /TOUR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1st Name** | **Surname** | **Date of Birth** | **FA Fan No** | **Team Age-Group** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# TO BE COMPLETED BY THE ENGLISH SCHOOLS’ FOOTBALL ASSOCIATION

# The English Schools’ Football Association hereby approves the above application against foreign teams.

|  |  |
| --- | --- |
| Signed by the Chief Executive Officer: |  |
| Print name: |  |
| Date: |  |

|  |  |  |
| --- | --- | --- |
| **Completed form to be forwarded to:** | Chief Executive Officer  English Schools’ FA, 4 Parker Court,  Staffordshire Technology Park,  Stafford ST18 0WP | andrea.chilton@schoolsfa.com  Tel: 01785 785970 |