

West of England Billiards & Snooker Foundation

Personal Details Form



The WEBSF billiards and snooker season runs from 1st September to 31st August and all participants are required to complete a new form annually to ensure we hold the most up to date information.

Participant category

Please advise us how you will be engaging with our activities during this season (please tick all that apply):

- As a coaching participant
- As a tournament participant (*please see information on annual tournament participation fee below*)
- As a volunteer

Annual tournament participation fee categories and prices

Payment of an annual tournament participation fee is a condition of entry into all WEBSF tournaments. Please select as appropriate.

- Payment option one – £10**
Entitles entry to The Gold Series tournaments (including Masters) and all Open billiards and snooker tournaments (West of England Snooker Open, West of England English Billiards Open, The Ladies Open and The Billiards Open).
- Payment option two – £5**
Entitles entry to all Open tournaments (West of England Snooker Open, West of England English Billiards Open, The Ladies Open and The Billiards Open).
*If a player initially chooses the £5 annual fee option and subsequently wishes to enter The Gold Series events, then an additional £5 annual fee is payable in line with option one requirements.

Personal details and consent information

Name:	Date of birth:
Full postal address:	Telephone number(s):
Email address: (if under 18, parent/guardian email address)	
I consent to be contacted by post, telephone, email and direct contact via social media	Yes / No
I give permission for photographs taken by the WEBSF photographer to be used to promote the work of the Foundation via its website, social media, marketing campaigns and press releases as appropriate.	Yes / No
I understand that my information will be used and stored in accordance with the WEBSF Data Protection Policy.	Yes / No

Special considerations, health issues and access requirements

- Not applicable
- Physical disability
- Learning difficulties (such as dyslexia, ADHD, Autism, Asperger syndrome)
- Learning disability
- Mental health condition
- Allergy
- Other health condition not specified above

Please provide further details here about any special considerations, health issues and access requirements:

Emergency contact information

In the event of an emergency I agree for the following people to be contacted:

Primary contact

Name:	Their relationship to you:
Mobile number:	Home number:

Secondary contact

Name:	Their relationship to you:
Mobile number:	Home number:

Consent to act in *loco parentis* (where the participant is under the age of 18)

Should the necessity arise, I agree to the person in charge giving consent on my behalf for anaesthetic to be administered or for any other urgent medical treatment (including but limited to blood transfusions and invasive surgery to be given).

Parent/guardian signature:	
Print name:	Date:

Declaration

I hereby confirm that the above details are correct and that I agree to abide by the WEBSF terms, conditions and codes of conduct at all times.

Participant signature:	Date:
Parent/guardian signature (if under 18):	