



Match Day Mascot Season 2018 - 19

At Elgin City FC we make our best efforts to ensure that our Mascots have a day to remember. Prior to leading out our team with the captain, we give the youngsters a tour of Borough Briggs and a chance to meet the Manager and their favourite players.

Package includes:

A complete replica Kit to keep
Meet Manager & Players
Tour of Borough Briggs Stadium
Participate in part of the warm up
Lead the Team out
Watch the match
Half time refreshments

Cost: £120 (per mascot)

The cost of this includes a full Elgin City FC strip to keep plus one adult stand ticket (extra match tickets can be purchased on day)

To book this package please complete the booking forms attached and return to:

**Elgin City Football Club
Borough Briggs Road
Elgin IV30 1AP**

*Cheques made payable to 'Elgin City Football Club'

For more information please contact the commercial office (01343) 551114 or email elgincityfc@btconnect.com

From and after 25 May 2018, the following terms will apply between you and us as a consequence of the taking effect of the General Data Protection Regulation (“**GDPR**”). Accordingly, we will comply with the GDPR and any other similar national privacy legislation (collectively “**Data Protection Legislation**”) applicable to any personal information you provide to us as may be required in connection with providing the services and/or products you have contracted to receive from us (“**Personal Data**”). We shall process Personal Data in connection with the administration of the contract for, and the provision by us of, such products and/or services, and/or as is permitted by, or in compliance with, Data Protection Legislation



MASCOT INFORMATION FORM

Game: Elgin City v
Date

MASCOT NAME AND INFORMATION:

Name: Age:

Address: School:

Favourite Football Team: Favourite Footballer:

Support Football Teams:

Is he/she a member of the ECFC Community Teams / ECFC Youth Developments or any others:

Position played if in a Team:

Any other interesting information or hobbies:

MASCOT- PLAYING GEAR

Age:

Size Top:

Size Shorts:

Size Sock:



MASCOT PARENTAL PERMISSION FORM

SAFE in CARE - ELGIN CITY FOOTBALL CLUB in PARTNERSHIP with PARENTS

Elgin City Football Club values the involvement of children in our football. We are committed to ensuring that all children have fun and stay safe whilst participating in football activities.

To help us fulfill our joint responsibilities for keeping children safe **ELGIN CITY FC** has introduced Safe in Care Guidelines. These Guidelines tell you what you can expect from us when your child participates in any football activity and details the information we need from you to help us keep your child safe.

We need you to complete this form. All information will be treated with sensitivity, respect and will only be shared with those who need to know e.g. Manager, Coach, ECFC Representative, First Aider and any of the Players

Name of Child: **Date of Birth:**

PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)

Your child may be photographed or filmed when participating in football. In the absence of any explicit objection, parental agreement for the above reasons will be assumed.

Please delete as appropriate:

I **GIVE** my permission for my child to be involved in photographing/filming and for information about my child to be used for the purposes stated in **ELGIN CITY FC** Safe in Care Guidelines.

I **DO NOT GIVE** my permission for my child to be involved in photographing/filming information about my child to be used for the purposes stated in **ELGIN CITY FC** Safe in Care Guidelines.

Signed: **Date:**

I am aware of the Safe in Care Guidelines for the **Football Match Mascot** and agree to work in partnership with **ELGIN CITY FC** to promote my child's safe participation in this football activity.

I understand **ELGIN CITY FC** will listen to the views of my child in relation to all matters affecting them and require to respect my child's ability to give their own informed consent.

Parent's Signature:
(Please state relationship to child if not parent)

Elgin City F. C. Representative:

A MEDICAL INFORMATION AND CONSENT

Name of Child:

Date of Birth:

Home Address:

.....

Telephone:

Name of Emergency Contact:

Telephone Contact:

Relationship to Child:

Name of General Practitioner:

Address of GP:

.....

GP Telephone Contact:

Please complete the following details. If none, please state "none".

1. Any pre-existing medical conditions that may affect the child's participation in football:
2. Any medication or treatment required:
3. Any existing injuries (include when injury sustained and treatment received):
4. Allergies, including allergies to medication:

TO BE COMPLETED BY PARENT

I consent to my child receiving medical treatment, including anesthetic, which the medical professionals present consider necessary.

I undertake to inform ELGIN CITY FC should any of the information contained in this form change.

Signature:Date:

Print Name: Relationship to Child: