

DISABILITY DARTS WALES

**PLAYERS FORM OF REGISTRATION & AGREEMENT- ELIGIBILITY TO PLAY IN DDW & WDDA COMPETITIONS**

Part One: **REGISTRATION [All information given will be treated in strict confidence]**

**PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS**

*Darting Name:* ………………………………..…………………………………………………..……………………………………...........

Surname:…………………………………Forename:…………………………………..[i.e. The forename you prefer to be known by]

Date of Birth: Date :…………. Month :………….. Year :………………………….

GENDER [Please tick appropriate box]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Prefer to to Disclose |  |

Home address in Full:………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………

County:…………………………..Postcode:………………… Contact telephone No:…………………………………….………………

Emergency contact name and No:…………………………………………………………………………………………………………...

**PLEASE PROVIDE A PERSONAL EMAIL ADDRESS** [For future DDW communications only]

|  |
| --- |
|  |

My declared Country of Nationality: [Please tick appropriate box]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| WALES | ENGLAND | SCOTLAND | N.IRELAND | OTHER |
|  |  |  |  |  |

Name of medical condition :………………………………………………………………………………………………………………….

Please provide a letter from a medical practitioner confirming your medical condition- letter included yes / no

How does your Disability effect the way you play……………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

Are you: [Please tick appropriate box]

|  |  |
| --- | --- |
| Wheelchair Player | Standing Player |
|  |  |

**I confirm I am receiving the following (please tick appropriate box) :**

**Personal Independence Payment**

|  |  |
| --- | --- |
| **Mobility Needs at the Enhanced Rate** |  |
| **Mobility Needs at the Standard Rate** |  |

**Disability Living Allowance**

|  |  |
| --- | --- |
| **For help getting around at the Higher rate** |  |
| **for help getting around at the Lower Rate** |  |

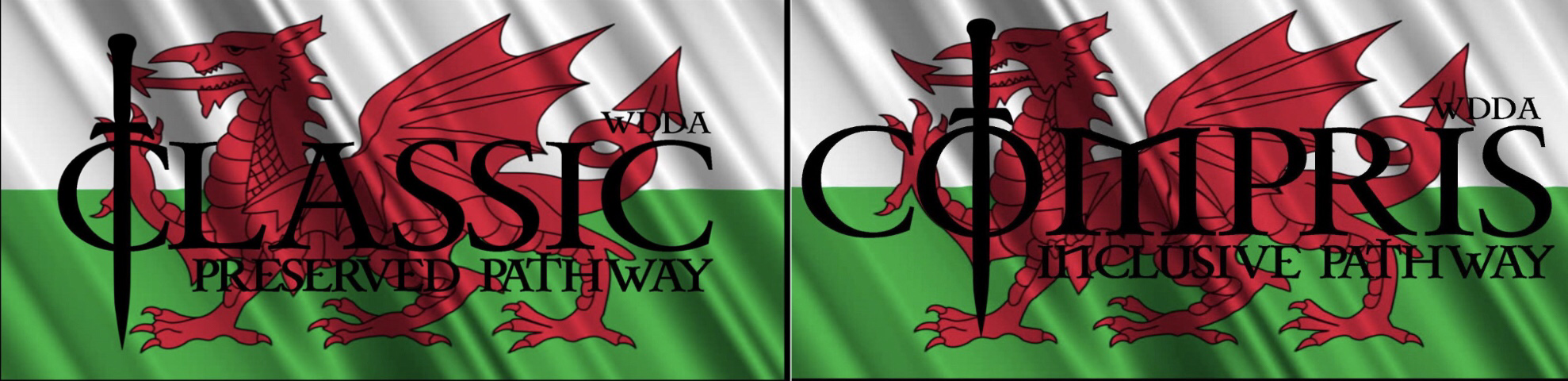
**Please attach a copy of the relevant part of your award letter confirming this and your name and address**

**Letter attached, yes /no If no when will it be available.........................................)**

**All players in receipt of PIP or DLA are eligible to join DDW and play on the Compris Pathway.**

**Not all players will be eligible to take part in The Classic Preserved Pathway (WDDA ranking events). Please refer to the Eligibility and Event Classification attachment for further eligibility guidance.**

**If you would like to apply to take part in The Classic Preserved Pathway please have the attached Impairment Assessment Form completed by a suitably qualified Medicine Physician.**



Part Two: **AGREEMENT**

I agree and acknowledge that on signing this form I am a playing member of Disability Darts Wales for 12 months from the start of my registration Date.

I agree that is my responsibly to renew my registration one calendar month prior to the expiry date with a fee of £10. This will maintain my eligibility to DDW & WDDA competitions for the 12 month period.

Your registration fee can be made to the Disability Darts Wales PayPal account:

paypal.me/disabilitydartswales

I agree not to do, or omit to do, anything that might disrupt the activities of the DDW or act contrary to the interests of, or bring into disrepute, the Sport of Darts or the activities of DDW. (This could lead to disqualification to be a DDW Player.)

I agree to help support DDW objects to encourage and support those with disabilities to play darts in Great Britain. To Arrange and promote tournaments for disabled darts players in Great Britain, to actively work with other darts and sports organisations to enable disabled darts players to play alongside able body players.

I confirm that I agree my personal details can be sent to the WDDA in Australia when required

|  |  |
| --- | --- |
| YES | NO |
|  |  |

I confirm I have never been banned from playing darts at any level

|  |  |
| --- | --- |
| YES | NO |
|  |  |

(if you have ever been banned please provide details)

…...............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

I confirm that I understand if requested by DDW & WDDA. I will provide samples required for drugs tests

PLAYERS SIGNATURE:………………………DATE:………………….REGISTRATION No……………

Once completed and signed please either scan and email DDWALES@hotmail.com Or post to Phil Smith, 14 Bodhyfryd Road, Llandudno, Conwy, LL30 2DT.

I HEREBY CERTIFY THAT THE ABOVE PLAYER HAS BEEN ACCEPTED AS A MEMBER OF DISABILITY DARTS WALES.

DDS Official:…………………………SIGNATURE:……………………………DATE:…………….

|  |  |
| --- | --- |
| CAT A (CLASSIC | CAT B (COMPRIS) |
|  |  |