

# Sporting Communities CIC Registration & Consent Form



Name:	Date of Birth:		
Home Telephone:	School:		
Mobile Telephone:	Address:		
Email:			
<i>Emergency contact details</i>			
Name:	Post code:		
Relationship:	Medical conditions:		
Phone number:			
Do you consider yourself to have a disability? (please tick)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the nature of your disability?			
How did you find out about Sporting Communities?			

<b>Asian or Asian British</b>	Bangladeshi		Pakistani		Indian		Other	
<b>Black or Black British</b>	African		Caribbean		Other			
<b>Chinese or other</b>	Chinese		Other					
<b>White</b>	British		Irish		Other			
<b>Dual Heritage</b>	Please specify							
<b>Other</b>	Please specify							

For monitoring purposes – please tick (ethnic origin)

I agree that first aid and medical treatment can be administered, **if necessary in the event of an emergency**, including the administration of a general anaesthetic and surgical operation in accordance with the recommendation of a qualified practitioner, **in the event I am unavailable**.

Signed by parent/guardian: ..... Date: .....

I give / do not give my consent that.....(name of young person) may be photographed and/or filmed during the activity and these images may be used for promotional material by Sporting Communities CIC in the future. (This is in accordance with the Data Protection Act)

Signed by parent/guardian: ..... Date: .....

**Thank you for completing this form. Details will be kept on a database in accordance with the Data Protection Act. By completing this form, you agree that you are responsible for your child prior to and following the session.**