

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:		
Phone number:		
		Medical conditions:
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?		

Asian or Asian British	Bangladeshi		Pakistani		Indian		Other	
Black or Black British	African		Caribbean		Other			
Chinese or other	Chinese		Other					
White	British		Irish		Other			
Dual Heritage	Please specify							
Other	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 the young person named above 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 GDPR and the Data Protection Act. By completing this form, you agree that you are responsible for your child prior to and following the session.

**Please note that we will take note of not selecting, or failing to sign one of the consensual options, as agreement of consent.*