

Participant Details					
First Name					
Surname					
Date of Birth	DD / MM / YY				
Address (incl. Postcode)					
Gender	Female		Male		Other
Parent/Carer Details					
First Name					
Surname					
Contact Number					
Email Address					
Which ethnic group do you consider the child to belong?	Asian/ Asian British		Black/ Black British		
	Mixed/Dual Heritage		White		
	Other		Prefer Not To Say		
Does the child have any long term health problem or disability that limits their daily activities?	Visual Impairment		Learning Disability		
	Hearing Impairment		Physical Disability		
	Multiple Disabilities		Other		
	None		Prefer Not To Say		
On an average week, does the child participate in at least 30 minutes of moderate intensity exercise?	Yes		No		
Emergency Contact Name					
Contact Number					
Relationship to the child					
Relevant medical information (include any allergies/medication)					

Consent Information

I give my consent that if an emergency medical situation arises, the organisation may act on my behalf. If the need arises for the administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.

Tower Hamlets Sports Development Team may take photographs and video to be used in marketing and promotional material. Images will be held on record and used in publicity for up to three years and will not be shared by third parties. If you do not wish your image to be used please tick here.

Confidentiality

Details on this form will be held securely in respect of the Data Protection Act and will only be shared with coaches or others who need this information in order to meet the specific needs of the child/young person.

**Signature of
parent/carer**

Date: