

The information requested is for the safety and wellbeing of the participants, please answer all questions truthfully and accurately as possible. Please inform Academy Sport, in writing, if any changes occur to any of the information given.

PARTICIPANT DETAILS *(Please Complete in BLOCK CAPITAL letters)*

Name			
Address			
Postcode			
Telephone number(s)	t:	m:	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth	/ /	Age:	
Are you in:	<input type="checkbox"/> Full / Part Time Education	<input type="checkbox"/> Employment	<input type="checkbox"/> Training <input type="checkbox"/> None
School / College Attending			
Are you new to sport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(Please state when started)</i>	

ETHNICITY

What is your ethnic group? Choose one from the following sections and ✓ tick the appropriate box. Categories provided by the Home Office & CRE

White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other	Chinese	<input type="checkbox"/> Chinese
Mixed	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other	Asian or British Asian	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other
Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other	Other Ethnic Group	Please State: _____

REFERRAL INFORMATION

Please describe how you found out about this us?	
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MEDICAL INFORMATION

We do not exclude because of medical needs. However it is essential that we have full details in order to offer the best standards of care

Do you have? <i>(Please tick ✓)</i>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Condition
Are you currently being prescribed any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If YES please state details. i.e.: times to be taken, dose etc.)</i>		
Have you been in contact with or had any contagious or infectious disease in the last four weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If YES then please give details:)</i>		
Have you had a tetanus injection in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If YES then please give date:)</i>		
Any other medical information, dietary needs or food allergies:				

GP CONTACT DETAILS

GP's Name	
Address	
Telephone	

DISABILITY

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick ✓)
Do you require one to one support / assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick ✓)
If yes, what is the nature of your disability? (eg: Visual Impairment, Physical Disability, Multiple Disability, Hearing Impairment, Learning Disability or Other)		

EMERGENCY DETAILS

In case of an emergency during the activity, please could you write down two contact names, addresses and telephone numbers?

	Contact 1	Contact 2
Name:		
Address:		
Telephone - Home		
Telephone - Work		
Telephone - Mobile		

ACTIVITY INFORMATION: (Please tick ✓ & initial next to the activities you agree for the person named above to participate in)

Junior Coaching Courses Activity _____

Adult Coaching Courses Activity _____

PARENTAL / GUARDIAN CONSENT & DECLARATION

I consent to the person named above participating in Academy activities, as described above. I understand that they will not be constantly supervised. I acknowledge the need for mature and responsible behaviour of the person named above and I believe that this can be expected of them.

I agree to indemnify Academy Sport, its representatives, agents & employees, from all liabilities in relation to loss or damage suffered or caused by the person named above which result in other than negligence of WSU or their representative or which result in the person named above failing to follow any reasonable instructions given to them.

I understand that Academy Sport, its agents, employees and representatives cannot be held responsible for the loss or damage to participants property and Academy Sport reserve the right to refuse participation of any person if there are concerns raised by response on this form, especially if its due to misbehaviour of the young person.

I understand that the information given may be kept on a computer database, which will only be accessed by Academy Sport and the City of Westminster. I confirm that I agree with the above declaration and the information on this form is complete and accurate to the best of my knowledge.

I understand that photographs, audio and visual recordings of the participant engaged in Academy Sport activities may be used for promotional or other materials, such as websites, local and national media. I hereby give irrevocable permission for this. I agree that I and the participant shall have no right to the recordings and all recordings belong to Academy Sport. Please tick

Parent / Guardian Name _____ (Please Print)

Parent / Guardian Signature _____

Relationship to the person named above _____ (i.e Parent/Carer)

Date _____/_____/_____