



# REGISTRATION & CONSENT FORM

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

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

<b>Name</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Accommodation Status</b>	<input type="checkbox"/> Living with Parents / Guardians <input type="checkbox"/> Looked after / fostered <input type="checkbox"/> Independent Living <input type="checkbox"/> Homeless		
<b>Telephone number(s)</b>	t: _____	m: _____	
<b>Email</b>			
<b>Gender</b>	<input type="checkbox"/> Male		<input type="checkbox"/> Female
<b>Date of Birth</b>	____ / ____ / ____	<b>Age:</b>	_____
<b>Are you in:</b>	<input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Training <input type="checkbox"/> None		
<b>School / College</b>			
<b>Are you new to sport?</b>	<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

<b>White</b>	A1 <input type="checkbox"/> British A2 <input type="checkbox"/> Irish A3 <input type="checkbox"/> Any other	<b>Chinese</b>	D1 <input type="checkbox"/> Chinese
<b>Mixed</b>	B1 <input type="checkbox"/> White & Black Caribbean B2 <input type="checkbox"/> White & Black African B3 <input type="checkbox"/> White & Asian B4 <input type="checkbox"/> Any other	<b>Asian or British Asian</b>	E1 <input type="checkbox"/> Indian E2 <input type="checkbox"/> Pakistani E3 <input type="checkbox"/> Bangladeshi E4 <input type="checkbox"/> Any other
<b>Black or Black British</b>	C1 <input type="checkbox"/> Caribbean C2 <input type="checkbox"/> African C3 <input type="checkbox"/> Any other	<b>Other Ethnic Group</b>	F5 <i>Please State:</i> _____
<b>First Language</b> <i>(If not English)</i>	<i>Please state:</i> _____		

### REFERRAL INFORMATION

<b>Please describe how you found out about this programme?</b>	
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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

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

### GP CONTACT DETAILS

<b>GP's Name</b>	
<b>Address</b>	
<b>Telephone</b>	

## DISABILITY

<b>Do you consider yourself to have a disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick ✓)
<b>Do you require one to one support / assistance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick ✓)
<b>Please give a full and thorough account of any impairments, medication and special considerations needed on page 3.</b> (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
<b>Name:</b>		
<b>Address:</b>		
<b>Telephone - Home</b>		
<b>Telephone - Work</b>		
<b>Telephone - Mobile</b>		
<b>Email</b>		

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

### Edutain+ Summer Programme 2019;

Week 1 – Tue 30 <sup>th</sup> July	Wed 31 <sup>st</sup> July	Thurs 1 <sup>st</sup> Aug
Week 2 – Tue 6 <sup>th</sup> Aug	Wed 7 <sup>th</sup> Aug	Thur 8 <sup>th</sup> Aug
Week 3 – Tue 13 <sup>th</sup> Aug	Wed 14 <sup>th</sup> Aug	Thur 15 <sup>th</sup> Aug
Week 4 – Tue 20 <sup>th</sup> Aug	Wed 21 <sup>st</sup> Aug	Thur 22 <sup>nd</sup> Aug

Please Circle or Highlight which dates you would like to attend then INITIAL here \_\_\_\_\_ INITIAL

Will you require transport to and from Edutain+ please tick Yes  No

## PARENT / CARER CONSENT & DECLARATION

I consent to the person named above participating in Westminster Sports Unit (WSU) activities, as described above. I also consent to the person named above being escorted by WSU to and from activities on the programme, by vehicle both public & private and as a pedestrian. I recognise that the accompanying staff will be responsible for their supervision and care as far as can be reasonably expected. 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 inform WSU in writing, as soon as possible of any changes to medical circumstances of the person named above either prior to or during the programme. I agree that in an emergency the WSU or its representatives may authorise medical treatment for the person named above including anaesthetic, if it is not practicable to consult me first. I will indemnify the City of Westminster and its representatives, agents & employees in relation to acting in "loco-parentis" in the case of medical emergencies only.

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

I understand that photographs, audio and visual recordings of the participant engaged in Westminster Sports Unit 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 the City of Westminster.

I understand that the information given may be kept on a computer database, which will only be accessed by 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 the City of Westminster, its agents, employees and representatives cannot be held responsible for the loss or damage to participant's property and the WSU reserves the right to refuse participation of any person if there are concerns raised by the response on this form, especially if it's due to misbehaviour of the young person

Name (Of Parent/Guardian if under 18) \_\_\_\_\_

Signature (Of Parent/Guardian if under 18) \_\_\_\_\_

Relationship to the person named above (If applicable) \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please give a full and thorough account of any impairments, medication and special considerations listed on previous pages.**