

ACTIVITY REGISTRATION FORM

We are requesting the following information in order to:

Ensure that all participants are as safe as possible. Provide you with further information on opportunities available. Ensure that the activities are open to all the community.

ACTIVITY DETAILS

ACTIVITY:	<u>UKA Academy Star Track</u>	Venue 2 and Date	Tuesday 28th and Wednesday 29th of August 2018 at Neiley Playing Fields Honley.
Other Venues	Please indicate any of the other venues you wish to attend. Scissett Thursday 26 th & Fridays 27 th July Lepton Mon 13 th & Tues 14 th Aug.	TIME: For All Venues	10am to 3pm

PARTICIPANT DETAILS

NAME:	AGE:	SEX:	MALE	FEMALE
ADDRESS:		POSTCODE:		
TEL NO:	DATE OF BIRTH:			
SCHOOL:				
CLUB:				
NAME OF PARENT/GUARDIAN/CARER:				
EMERGENCY CONTACT NUMBER OF PARENT/GUARDIAN/CARER:				
WHO IS AUTHORISED TO COLLECT YOUR CHILD FROM THE ACTIVITY SESSION: THE SESSION FINISHES AT ...3.00pm..... AT THAT TIME YOU ARE RESPONSIBLE FOR THE CHILD'S WELFARE				
ARE THERE ANY MEDICAL CONDITIONS THAT THE COACH SHOULD BE AWARE OF:				

ETHNICITY (PLEASE CIRCLE)

WHITE	INDIAN	PAKISTANI	BANGLADESHI
CHINESE	IRISH	BLACK (OTHER)	BLACK CARIBBEAN
BLACK AFRICAN	ANY OTHER (PLEASE STATE)		

DISABILITY

DO YOU CONSIDER THE PARTICIPANT TO HAVE A DISABILITY (PLEASE CIRCLE)	YES	NO
IF YES, PLEASE STATE THE NATURE OF THE DISABILITY (PLEASE CIRCLE)		
LEARNING DISABILITY:	PHYSICAL DISABILITY:	
HEARING IMPAIRMENT:	VISUAL IMPAIRMENT:	
OTHER PLEASE SPECIFY:		

SIGNATURE OF PARENT/GUARDIAN.....

DO YOU WISH TO RECEIVE DETAILS OF

ACTIVITIES IN THE FUTURE (PLEASE CIRCLE)

YES

NO

DO WE HAVE PERMISSION TO INCLUDE THE

PARTICIPANT IN PHOTOGRAPHS OF THE ACTIVITY SESSION

YES

NO/LEASE

ENSURE THE PARTICIPANT IS WEARING SUITABLE CLOTHING, AND THAT THEY HAVE

ADEQUATE/APPROPRIATE REFRESHMENTS FOR THE DURATION/NATURE OF THE ACTIVITY.