



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)

Name	
Address	
Postcode	

Telephone number(s)	t:	m:
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	/ /	Age:
School / College Attended		

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	A1 <input type="checkbox"/> British A2 <input type="checkbox"/> Irish A3 <input type="checkbox"/> Any other	Chinese	D1 <input type="checkbox"/> Chinese
Mixed	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	Asian or British Asian	E1 <input type="checkbox"/> Indian E2 <input type="checkbox"/> Pakistani E3 <input type="checkbox"/> Bangladeshi E4 <input type="checkbox"/> Any other
Black or Black British	C1 <input type="checkbox"/> Caribbean C2 <input type="checkbox"/> African C3 <input type="checkbox"/> Any other	Other Ethnic Group	F5 Please State: _____

REFERRAL INFORMATION and MEDIA CONSENT

Please describe how you found out about this programme?		Consent for Pioneers to use photos of of the camp on their Wedsite	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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? (Please tick ✓)	<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	(If YES please state details. i.e: times to be taken, dose etc)		

Any other medical information, dietary needs or food allergies:	
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GP CONTACT DETAILS

GP's Name	
Address	
Telephone	

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)

Little Venice SC, 10 Crompton Street, London W2 1ND	09.00am – 12.00pm	[]	TICK	_____	INITIAL
Basketball Camp 15th-19th August 2010	1.00pm - 4.00pm	[]	TICK	_____	INITIAL
	Permission to leave without collection	[]	TICK	_____	INITIAL

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

Parent / Guardian Name _____ (Please Print)

Parent / Guardian Signature _____

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

Date _____ / _____ / _____