

- Please answer questions in **BLOCK CAPITALS** and please use a black pen if possible
- Please remember Parents/Guardians should only sign the sections on page 2 if the form has been correctly completed and they agree with the statements
- This form can be made available in other languages and formats on request such as large print, Braille, audio cassette and floppy disk.

Sports Unlimited Activity:		District:
Childs Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		
Postcode:	Date of Birth:	Age:
Tel. Numbers (s) Home:		Mobile:
Current School:		Current School Year:
During an average week, how many hours does your child spend taking part in moderate sport and physical activity (excluding PE in school / college)		

Emergency Contact Details - In case of an emergency during the activity please provide contact name and telephone number

Primary Contact	Second Contact
First Name:	First Name:
Last Name:	Last Name:
Tele. Number (Home) :	Tele. Number (Home) :
Relationship to Child (i.e. Mother):	Relationship to Child (i.e. Childminder / Friend) :
Tele Number (Mobile) :	Tele Number (Mobile) :

Collection Details – Will your Child be collected? Yes **OR** allowed to make their own way home? Yes

If **Yes**. Who is authorised to collect your child?

First Name:	Last Name:
Relationship to Child:	

Medical Details – Please tick if your child suffers from: Asthma Diabetes Epilepsy

Any further medical information you feel we should know about (allergies, medication taken etc...)
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Special Requirements – Does your child have any special requirements (access, dietary, interpreters) Yes No

If Yes, please specify:

Sports Club Information – Is your child a member of a Sports Club? Yes No

Which sport (s):		Name of club?	
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If your child is not a member of a club and would like to be; please list the activities/sports they are interested in below:

Declaration of Consent – Please tick all statements that apply

I/We have read completed and checked this form and agree with the following:

<ul style="list-style-type: none"> • <u>My child is in good health</u> and I consider him/her capable of taking part in Sport Unlimited activities. I have completed the medical details and consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I also understand that while coaches, team personnel & activity co-ordinators will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to my child. 	(✓)
<ul style="list-style-type: none"> • Northamptonshire Sport may contact you from time to time to take part in future surveys relevant to levels of participation in sport. Please tick here if you do not want to be contacted to take part 	
<ul style="list-style-type: none"> • If you do not want to receive information about other sports opportunities, please tick here 	
<ul style="list-style-type: none"> • I/We are aware that photographs and/or video footage may be taken at the activities. Such images will be used for publicity purposes and give consent for my child to feature in such photos/footage. I hereby grant <u>only</u> Northamptonshire Sport, Sport England and their approved agents the right to use the images resulting from the above mentioned photo / film shoots. This includes any reproductions or adaptations of the images for all general purposes (newspaper, magazine or other printed promotional articles and including Internet web page content) and at any time, in relation to the work of Northamptonshire Sport or Sport England. All activity providers are advised not to include names or other details that may identify individual children or young people alongside the images. 	
Parent / Guardian Name (please print):	
Signature of Parent / Guardian (must be person with legal parental responsibility):	

This form has been designed to collect information on young people taking part in the Sport Unlimited programme. The information is important for a number of reasons as it will provide:-

- The Northamptonshire Sport team with contact details and medical information in case of accident / illness.
- Useful monitoring information on the sporting background of young people involved in Sport Unlimited.
- Information on the equity profile of young people taking part in Sport Unlimited. Enable us to inform participants of suitable future activities, events, coaching and club opportunities.

Your answers are confidential. You may be invited to take part in a survey conducted by consultants working on behalf of Sport England. We will not pass this information to any third party or use it for any other purpose. We will collect and process all personal data in line with the Data Protection Act 1998. The information will be kept for 12 months on this original form and on a computer database after which time we will send you a renewal form. If you choose not to return the renewal form, or you wish to be removed from our records, this original form and the database entry will be completely destroyed.

Once completed, please hand the form over to the activity leader or send to Northamptonshire Sport, C/O Northamptonshire County Council, John Dryden House, Bedford Road, Northampton, NN4 7DD