

The Access to Sports Project Membership Form



PARTICIPANT INFORMATION - PLEASE COMPLETE IN BLOCK CAPITALS

First Name(s)																				
Surname																				
Activity																				
Venue																				
Date of Birth			/		/			Age					Male					Female		
Name of school / college																				
																			School Year	

Contact Details																				
Address																				
Postcode																				
E-mail																				

Emergency Contact Name 1																				
Emergency Contact Number																				

Emergency Contact Name 2																				
Emergency Contact Number																				

Doctor Information and Medical Information – Please tick and/or complete the boxes																				
Name of GP																				
GP Contact Number																				
Do you / does your child have a disability or statement of ‘Special Educational Needs’?																	Yes	No		
Please give details																				
Do you /does your child have any conditions requiring medical treatment, including any medication you will need access to on a regular basis while attending?																	Yes	No		
Please give details																				
Do you / does your child have any allergies?																	Yes	No		
Please give details																				
Do you / does your child take any medication for asthma?																	Yes	No		
Please give details																				
Any other relevant information? (medication, diet, behaviour etc)																	Yes	No		
Please give details																				
Are you your/child eligible for free school meals? (we ask this to measure the impact of our food offer).																	Yes	No		

Medical Consent It may be essential from time to time for staff to have the necessary authority to obtain any urgent treatment which may be required by the participant whilst at The Access to Sports Project’s activities. I therefore acknowledge the following:
Myself / my child is in good health and in my opinion capable of taking part in The Access to Sports Project activities. I have completed the medical details 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 while staff will take every precaution to ensure that accidents do not occur, they cannot necessarily be held responsible for any loss, damage or injury incurred.

What is your ethnicity? (Optional) Please circle below

Asian: British – Bangladeshi - Indian - Pakistani - Sri Lankan - Other _____

Black: British – Caribbean – African – Somalian – Congolese – Nigerian - Other _____

White: British - Irish – European – Cypriot – Turkish – Kosovan – Kurdish - Other _____

Other: Chinese – Moroccan – Iraqi – Iranian – Latin American – Arab – Other _____

Mixed Race: White & Black Caribbean - White & Black African – White & Asian – Other _____

Photo & Video Consent: Certain activities may involve participants being photographed or filmed for promotional use for our printed and online publicity, social media and/or press releases.

Please indicate if you consent to this activity: **Yes Please** **No thanks**

Staying in touch: We'd like to send you updates and information on our upcoming programmes.

Please tick to indicate your preference:

Yes please *I'm happy to be contacted via:* **Email** **Phone** **SMS** **Post**

No thanks

Research, Monitoring and Evaluation: We may undertake research questionnaires, monitoring and evaluation exercises involving both children and adults to measure the effectiveness of our work. Involvement in these activities will be purely voluntary and participants can pull out of the research at any time.

Data Protection

We take your privacy seriously and ensure that your information is handled safely and securely and in line with current data protection regulations. Copies of our full privacy notice are available on the website or can be requested from the Access to Sports office. As part of our work we are required to hold personal information on participants. We do this to ensure that participants are safe and protected whilst at Access to Sports and to ensure the effectiveness of our charitable work.

In instances data will be shared with our key funders and partners (e.g. youth and leisure partners departments in Islington, Haringey, Hackney, Isledon Arts and other funders). These partners are equally required to comply with the data protection regulations.

I agree to the participant attending the project and to the above statements regarding photographs & video, staying in touch, medical consent and data protection.

I confirm that the details provided are accurate and agree to inform the Access to Sports Project of any changes in the participant's personal details, including changes to parent/guardian due to a court order, significant injuries, medical conditions or other circumstances between now and for the continuation of time that the participant attends the project.

Participant Consent (if aged 13+ years)

First Name																				
Surname																				
Signature																Date				
																	/		/	

Parental Consent

Parent / Guardian First Name																				
Parent / Guardian Surname																				
Signature																Date				
																	/		/	

To amend your information, opt out or request further information please contact:

info@accesstosports.org.uk