



Registration Form

Participant Name DOB

Address

Postcode Email

Contact No. ^{2nd} Contact No.

Does the named participant have any medical conditions / allergies? Or take any medication we should know about?

Does the named participant have any particular needs we should know about?

Club name would like to collect and use the named participants personal data to keep us informed about any health or wider needs you have that we need to consider whilst delivering sessions you attend and to keep you updated about our program. Your data will be collected and stored in accordance with GDPR regulations.

If you are happy for *Club name* to collect and store your personal data, please tick here

I give full permission for the named participants image to be taken in photo or video format during training and/or performances and be used for promotional use by *Club name* and shared with any relevant partners/ supporting bodies, funders and press, please tick here

I give full permission for *Club name* staff to administer first aid where necessary, please tick here



Signed _____ Date _____

Relationship to participant if not participant _____

EXAMPLE