

Data Protection (completed by a parent/guardian)

Information supplied to Sheffield City Council will be used in accordance with the Data Protection Act 1998, and other applicable legislation. Sheffield City Council and our partner organisations may want to send you information about future sessions and events that may be of interest to you.

Please tick the box if you **do not** want the person registering to receive information about future physical activity related services in your area

I have read, understood and accept the points made above so that the child within my care can take part in the range of activities offered by Activity Sheffield.

Print Name of parent/guardian/carer: (if participant under 18)

Signature of parent/guardian/carer: (if participant under 18)

Date:

Thank you for completing this form.

Please return this form to an Activity Sheffield member of staff at your first session.

All Activity Sheffield sessions (unless otherwise stated) are open access, therefore children cannot be stopped from leaving the session at any time.

Copies of the wording of this registration form can be made available on request in Braille, large print and on audio tape and also in Arabic, Bengali, Chinese, Somali and Urdu. Please telephone 0114 273 4266.

Activity Sheffield Registration Form (Children and Young People 0-17 Years)

Sheffield City Council recognises that activities that can be undertaken may carry a risk of personal injury. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement at all times. Parents and guardians are responsible for informing the coach/ instructor of any medical conditions prior to the start of the activity.

For individuals under 18 please ensure that a parent or guardian has completed the relevant sections.

Details of person taking part **Date (including year):**

Name:		
Home Address:		
Neighbourhood (E.g Burngreave):		
Postcode:		
Contact Number:		
Date of Birth:		
Email address:		
School currently attending:		

Are you: Male Female

Do you have any long term illness, health problem or disability that we should be aware of i.e. asthma, diabetes, epilepsy, ADHD or behavioural problems.

Yes No

If yes please give details below;

Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black other	<input type="checkbox"/>	Other mixed race	<input type="checkbox"/>
White British	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
White Gypsy/Traveller	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>

Other (please state)



What activity/ activities is your child registering for (e.g. cricket, sports van)?

What other physical activities does your child like?

How did your child find out about our activities?

Flyer/ Poster	Brochure	From a Friend/ Family	Member of Activity Sheffield	Sent in the post	News -paper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other:

In an average week how many days does your child do 1 hour of physical activity? (You can also include days where you do smaller chunks of time such as 10 minutes, that adds up to 1 hour in total)

One or less	Two	Three	Four	Five or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Young Persons - Acceptable Behaviour

I understand that while I am taking part in activities, there is a level of behaviour that is required to make sure that the activity remains safe and enjoyable for everyone taking part. I understand that if my behaviour is unacceptable I will be asked to leave.

Unacceptable behaviour can include: swearing, bullying, spitting, being abusive, damaging equipment or encouraging anti-social behaviour towards other young people, members of the community or staff.

Signature of young person:

Signature of parent/ guardian:

Photographic Consent (completed by a parent/guardian)

During the course of our sessions, authorised staff may take photographs for use in the promotion of future activities. Promotion may take the form of leaflets, newspaper articles, or the internet etc. Images may be used in whole or in part at any point over the next twelve months.

Please tick the box if you do not wish your/ your child's photograph to be used

Emergency Contact (completed by a parent/guardian)

I understand that in the event of any injury or illness all reasonable steps will be taken to contact the person below, and to deal with injury/illness appropriately.

Contact Name:

Relationship to participant:

Emergency contact number:

Address (if different to person registering)

Staff Use Only: Project Registering
