Sportivate Participant Registration Form

Revised 03/12

This form is to be completed and signed by a parent/carer for participants aged 14-15 years.

Q1. Name of young person? (Please write clearly in the boxes below)					
Surname:		Forename:			
Q2. Name of parent/carer? (Please write clearly in the boxes below)					
Surname:		Forename:			
Q3. Email address of parent/carer? (Please write clearly in the boxes below)					
Q4. Mobile number of parent/carer? (Please write clearly in the boxes below)					
O5 Is the young	person male or female? (Pleas	so tick ONE)	Male:	Female:	
	ne young person? (Please tick	· · · · · · · · · · · · · · · · · · ·	14:	15:	
Q7. What is the postcode for the young person? (Please write clearly in the boxes below)					
Q8. In the past 4 weeks, on how many days has the young person done 30 minutes of sport					
and/or recreational physical activity? Do not count any curriculum activities at school/college. Do not include cycling or walking unless it was for sport or recreation. Gardening, DIY and					
housework should not be included. Please write in the number of days between 0-28:					
Q9. Which ethnic group does the young person belong to? (Please tick ONE below)					
White:	Mixed: Asian:	Black: Other:		er not to say:	
Q10.Does the young person have any long term illness, health problem or disability that limits					
their daily activities? (Please tick ONE) Yes: No: Prefer not to say:					
Name of emergency contact, relationship and phone number: (if different from details above)					
Name:	Relationship to				
	 	you	ing person:		
Phone number:					
Relevant medical information: (include any allergies / injury problems)					
I have completed the medical details above and I 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.					
Sign	nature of parent/carer:		Date:		
Sigi	nature of parent/carer.		Date.		
The information you have given about the young person taking part in the activities will be used to monitor the					
success of the programme and help us plan for future sporting activities. Sport England (who run the Sportivate Project) would like your permission to share your contact details as follows:					
 Consultants working for Sport England to monitor Sportivate may want to send you a survey. Please tick here if you DO NOT want to be sent the survey by email: 					
Please tick here if you DO NOT want to be sent the survey link by text to your mobile:					
County Sports Partnerships may wish to notify you about other sports activities. Please tick here if					
you DO NOT want to be notified:					
 Commercial sponsors of the Olympics may wish to share information that may be of interest to you. Please tick here if you DO wish to receive this information: 					
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Sport England will collect and process all personal data in line with the Data Protection Act 1998 and there is more information about this on the Data Protection Statement supplied with this form.

PHOTOGRAPHY/FILMING - There may be filming and photography at some Sportivate sessions which may be used in publicity materials e.g. leaflets, newsletters or on official websites. Sport England advises all activity providers to ensure that images are not accompanied by names or details that could identify individuals.

I DO / DO NOT give permission for the young person named above to be filmed or photographed during Sportivate activities as described above (Please delete as appropriate).