

# The Access to Sports Project Membership Form 2018



## 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

<b>Contact Details</b>																				
Address																				
Postcode																				
E-mail																				

Emergency Contact Name 1																				
Emergency Contact Number																				

Emergency Contact Name 2																				
Emergency Contact Number																				

<b>Doctor Information and Medical Information – Please tick and/or complete the boxes</b>																					
Name of GP																					
GP Contact Number																					
<b>Do you / does your child have a disability or statement of ‘Special Educational Needs’?</b>																		Yes	No		
Please give details																					
<b>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?</b>																			Yes	No	
Please give details																					
<b>Do you / does your child have any allergies?</b>																			Yes	No	
Please give details																					
<b>Do you / does your child take any medication for asthma?</b>																			Yes	No	
Please give details																					
<b>Any other relevant information? (medication, diet, behaviour etc)</b>																			Yes	No	
Please give details																					

**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 departments in Islington, Haringey and Hackney 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](mailto:info@accesstosports.org.uk) | 020 7686 881