

Activity .....

Name ..... Age .....

Male  Female

School ..... School year .....

Home address .....

..... Postcode .....

Telephone number ..... Mobile .....

Email address .....

What is your ethnicity? .....

Is your child disabled? Yes  No

If yes, does this limit their ability to participate in anyway? .....

Please detail below any important medical information that we should be aware of (e.g epilepsy, asthma etc)

I consent to any emergency medical treatment required by my child during the course of the activity/event

I understand that the Sports Development Unit may arrange for photographs to be taken of its activities and I consent to these photographs being used by the Sports Development Unit for bonafide promotional purposes.

Name of Parent / Guardian .....

Signature ..... Date .....

The information you provide will be used to ensure the safety of all participants and may be shared with other people/organisations involved with the delivery of these activities, if appropriate. By signing this form you are consenting to the Council using the information which you have supplied in the manner stated above. The Data Controller for Plymouth City Council is: Head of Legal Services, Civic Centre Plymouth PL1 2AA.

**Once you have booked your activity, please complete and return this form to the Sports Development Unit, Culture Sport and Leisure, Plymouth City Council, Plymouth PL1 2AA**