

Sportivate Participant Registration Form

Revised 06/11

This form is to be completed by participants aged **16-25 years**.

Q1. What is your name? (Please write clearly in the boxes below)	
Surname: <input style="width:90%;" type="text"/>	Forename: <input style="width:90%;" type="text"/>
Q2. What is your email address? (Please write clearly in the boxes below)	
<input style="width:100%; height: 20px;" type="text"/>	
Q3. What is your mobile number? (Please write clearly in the boxes below)	
<input style="width:100%; height: 20px;" type="text"/>	
Q4. Are you male or female? (Please tick ONE)	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Q5. How old are you? (Please tick ONE below)	
16: <input type="checkbox"/>	17: <input type="checkbox"/>
18: <input type="checkbox"/>	19: <input type="checkbox"/>
20: <input type="checkbox"/>	21: <input type="checkbox"/>
22: <input type="checkbox"/>	23: <input type="checkbox"/>
24: <input type="checkbox"/>	25: <input type="checkbox"/>
Q6. What is your postcode? (Please write clearly in the boxes below)	
<input style="width:100%; height: 20px;" type="text"/>	
Q7. In the past 4 weeks, on how many days have you 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:	
<input style="width: 50px;" type="text"/>	
Q8. Which ethnic group do you consider yourself to belong to? (Please tick ONE below)	
White: <input type="checkbox"/>	Mixed: <input type="checkbox"/>
Asian: <input type="checkbox"/>	Black: <input type="checkbox"/>
Other: <input type="checkbox"/>	Prefer not to say: <input type="checkbox"/>
Q9. Do you have any long term illness, health problem or disability that limits your daily activities?	
(Please tick ONE) Yes: <input type="checkbox"/> No: <input type="checkbox"/> Prefer not to say: <input type="checkbox"/>	
Name of emergency contact, relationship and phone number:	
Name: <input style="width:90%;" type="text"/>	Relationship to you: <input style="width:90%;" type="text"/>
Phone number: <input style="width:90%;" type="text"/>	
Relevant medical information:	
(include any allergies / injury problems) <input style="width:90%;" type="text"/>	
I have completed the medical details above and I consent that, in the event of any illness/accident, any necessary treatment can be administered, which may include the use of anaesthetics.	
Signature: <input style="width:90%;" type="text"/>	Date: <input style="width:90%;" type="text"/>

The information you have given about the young person taking part in the activities will be used to monitor the success of the programme, help us plan for future sporting activities and may be entered in Sport England's Ticketshare ballot for free Olympic tickets. We, Plymouth City Council would like your permission to share your contact details as follows:

<ul style="list-style-type: none"> • 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: <input style="float: right;" type="checkbox"/> • Providers of sports activities may wish to notify you about other sports activities. Please tick here if you DO NOT want to be notified: <input style="float: right;" type="checkbox"/> • 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: <input style="float: right;" type="checkbox"/>

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

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