

Sportivate Participant Registration Form

Revised 06/11

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:	<input style="width:95%;" type="text"/>	Forename:	<input style="width:95%;" type="text"/>
Q2. Name of parent/carer? (Please write clearly in the boxes below)			
Surname:	<input style="width:95%;" type="text"/>	Forename:	<input style="width:95%;" type="text"/>
Q3. Email address of parent/carer? (Please write clearly in the boxes below)			
<input style="width:100%; height: 20px;" type="text"/>			
Q4. Mobile number of parent/carer? (Please write clearly in the boxes below)			
<input style="width:100%; height: 20px;" type="text"/>			
Q5. Is the young person male or female? (Please tick ONE)			Male: <input type="checkbox"/>
			Female: <input type="checkbox"/>
Q6. How old is the young person? (Please tick ONE)			14: <input type="checkbox"/>
			15: <input type="checkbox"/>
Q7. What is the postcode for the young person? (Please write clearly in the boxes below)			
<input style="width:100%; height: 20px;" type="text"/>			
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:			
<input style="width: 50px;" type="text"/>			
Q9. Which ethnic group does the young person 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"/>
Q10. Does the young person have any long term illness, health problem or disability that limits their 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: (if different from details above)	
Name:	Relationship to young person:
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Phone number:	
<input style="width:95%;" type="text"/>	
Relevant medical information: (include any allergies / injury problems)	
<input style="width:100%; height: 30px;" 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 to my child, which may include the use of anaesthetics.	
Signature of parent/carer:	Date:
<input style="width:95%;" type="text"/>	<input style="width:30%;" 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 for the young person named above 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