

# Athletes wanted!

**Represent Barnet in the biggest sporting event in Europe, The London Youth Games...**



**Please fill out the form below if you are interested in representing Barnet.**

**Please Send Registration Form to:**

**Gemma Thompson  
Barnet Sport Development Unit  
Building 2  
North London Business Park  
Oakleigh Road South  
London  
N11 1NP**

**Telephone: 020 8359 7817  
Mobile: 07921 090 885  
Email: [sport@barnet.gov.uk](mailto:sport@barnet.gov.uk)**

**Barnet Sport Development  
Athletics Time Sheet Application Form**

**London Youth Games 2010**

If you live or go to school in Barnet and are interested in competing in athletics, for the 2010 London Youth Games on Sunday 4 July 2010 at Crystal Palace. Please fill out the form below

Any questions please contact Gemma on 07921 090 885, or [sport@barnet.gov.uk](mailto:sport@barnet.gov.uk)  
Return form before Friday 30 April 2010. No entries will be considered after this date.

**Name:** \_\_\_\_\_

**Club:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Personal Best Times:**

<b>Field events</b> (distance)	<b>Track Events</b> (times)
Long Jump.....	100m.....
High Jump.....	200m .....
Shot putt.....	300m(girls)/400m(boys).....
Javelin .....	800m.....

**Your Address**

\_\_\_\_\_

\_\_\_\_\_ **Post code** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Age** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Gender** \_\_\_\_\_ **Email** \_\_\_\_\_

**Name of parent/guardian/carer** \_\_\_\_\_

**Emergency contact number** \_\_\_\_\_

**Medical conditions** \_\_\_\_\_

Barnet Council aims to consult with its diverse communities to ensure the views of all residents are represented. We monitor the delivery of our services to ensure that it is representative and that all our service users are treated fairly. In addition, we are legally committed to promoting race equality under the Race Relations (Amendment) Act 2000, disability equality under the Disability Discrimination Act 2005 and gender equality under

the Equality Act 2006 to everything the council does. The information you give on this questionnaire will remain strictly confidential, in accordance with the Data Protection Act 1998.

### Disability

The Disability Discrimination Act 1995 defines a disability as ‘a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer, HIV or mental health problems.

<b>Do you consider yourself to have a disability under the Disability Discrimination Act definition? Yes / No</b>
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What is the nature of the impairment?		
Physical impairment <input type="checkbox"/>	Learning difficulty <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>
Visual impairment <input type="checkbox"/>	Severe Disfigurement <input type="checkbox"/>	Mental Illness <input type="checkbox"/>
Other <input type="checkbox"/> please specify _____		

### Ethnicity

**Which ethnic group do you consider yourself to belong to?**

<b>White</b>
British <input type="checkbox"/> Irish <input type="checkbox"/> Other <input type="checkbox"/>
<b>Mixed</b>
White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/>
Any other mixed background <input type="checkbox"/>
<b>Asian or Asian British</b>
Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other <input type="checkbox"/>
<b>Black or Black British</b>
African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/>
<b>Other Ethnic Groups</b>
Chinese <input type="checkbox"/> Other <input type="checkbox"/> please specify _____

## Parent's Consent Statement

My child is in good health and I consider him/her capable of taking part in the London Youth Games 2010. I have completed the medical details and consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anesthetic.

I also understand that while sports coaches and London Youth Games personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

Please note that to help promote the London Youth Games and its participants, official photographs/ video may be taken during the event. These photographs may be used for official London Youth Games publications or in the media. If you wish your child's picture to be published, please tick this box

The photo may also be included on our social media websites such as *Facebook*. If you wish your child to be included on social media websites please tick this box

Parent's/guardian's name  
(BLOCK CAPITALS) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

