

Parental consent/registration form

Sport

Competitor's first name

Competitor's last name

Date of birth

Age

Name of school

Email

Sport Club

Gender Female Male

Parent/guardian's first name

Parent/guardian's last name

Address

Postcode

Contact telephone (day)

Contact telephone (eve)

Parent's mobile

Please provide medical information relating to any medication, allergies, dietary requirements etc your child may have

Please let us know how you found out about this activity/event?

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.

Do you consider that you have a disability under the Disability Discrimination Act definition?	1 <input type="checkbox"/> yes	2 <input type="checkbox"/> no
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If you have answered 'yes', please select the definition/s from the list below that best describes your disability/disabilities:	
Hearing (such as: deaf, partially deaf or hard of hearing) 3 <input type="checkbox"/>	Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes) 4 <input type="checkbox"/>
Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses) 5 <input type="checkbox"/>	
Speech (such as impairments that can cause communication problems) 6 <input type="checkbox"/>	Severe disfigurement 7 <input type="checkbox"/>
Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis) 8 <input type="checkbox"/>	Learning difficulties (such as dyslexia) 9 <input type="checkbox"/>
Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy) 10 <input type="checkbox"/>	Mental illness (substantial and lasting more than a year, such as severe depression or psychoses) 11 <input type="checkbox"/>
Other disability (please specify) 12 <input type="checkbox"/>	<input type="text"/>

Ethnicity

Asian or Asian British	Black or Black British	Mixed	Other	White
13 <input type="checkbox"/> Bangladesh	14 <input type="checkbox"/> African	15 <input type="checkbox"/> White and Asian	16 <input type="checkbox"/> Chinese	17 <input type="checkbox"/> British
18 <input type="checkbox"/> Indian	19 <input type="checkbox"/> Caribbean	20 <input type="checkbox"/> White and Black African		21 <input type="checkbox"/> Greek
22 <input type="checkbox"/> Pakistani		23 <input type="checkbox"/> White and Black Caribbean		24 <input type="checkbox"/> Greek Cypriot
				25 <input type="checkbox"/> Irish
				26 <input type="checkbox"/> Turkish
				27 <input type="checkbox"/> Turkish Cypriot
28 <input type="checkbox"/> Other	29 <input type="checkbox"/> Other	30 <input type="checkbox"/> Other	31 <input type="checkbox"/> Other	32 <input type="checkbox"/> Other

If you selected any of the 'Other' categories, please tell us how you would further describe yourself
<input type="text"/>

Parent's consent statement

My child is in good health and I consider him/her capable of taking part in the activity/event taking place. 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 partner organisations 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 activities and events, official photographs may be taken during the activities or event. These photographs/videos may be used for official publications or in the media. If you **do not** wish your child's picture to be published, please tick this box

The photo may also be included on social media websites such as Facebook. If you **do not** wish your child to be ***included on social media websites*** please tick this box

If you **do not** wish your child to be **photographed at all** please tick this box

Parent's/Guardian's name (BLOCK CAPITALS)

Signature of Parent/Guardian

Date

Please bring forms along to the sport/activity or send back to:

Sport Development Unit, London Borough of Barnet,
North London Business Park, Building 4,
Oakleigh Road South, New Southgate, N11 1NP

