

Swimmers wanted!

**Represent Barnet in the biggest youth 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**

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

London Youth Games 2010

If you live or go to school in Barnet and are interested in competing in swimming, for the 2010 London Youth Games on Saturday 3 July 2010 at Crystal Palace (50 metre pool). Please fill out the information below.

If you are selected you will receive details of the event and stroke in the post. Any questions please contact Gemma on 07921 090 885, or sport@barnet.gov.uk. Return form before Friday 30 April 2010. No entries will be considered after this date.

Name: _____

Swimming club: _____

Current personal best short course times:

Front crawl - 50m _____

Back stroke – 50m _____

Breaststroke – 50m _____

Butterfly - 50m _____

Address

_____ **Post code** _____

Telephone

Mobile

Age _____ **Male/Female** _____ **Date of birth** _____

School _____ **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.

Do you consider yourself to have a disability under the Disability Discrimination Act definition? Yes / No

What is the nature of the impairment?

Physical impairment Learning difficulty Hearing impairment

Visual impairment Severe Disfigurement Mental Illness

Other please specify _____

Ethnicity

Which ethnic group do you consider yourself to belong to?

White

British Irish Other

Mixed

White and Black Caribbean White and Black African White and Asian

Any other mixed background

Asian or Asian British

Bangladeshi Indian Pakistani Other

Black or Black British

African Caribbean Other

Other Ethnic Groups

Chinese Other 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 you 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 _____

