Sportivate Participant Registration Form

Revised 06/2015

This form is to be completed and signed by a parent/carer for participants aged 11-15 years.

Q1. Name of young person (Please write clearly in the boxes below)
Surname: Forename:
Q2. Name of parent/carer (Please write clearly in the boxes below)
Surname: Forename:
Q3. Email address of parent/carer (Please write clearly in the boxes below)
Q4. Mobile number of parent/carer (Please write clearly in the boxes below)
Q5. What gender is the young person? (Please tick ONE below)
Male: Female: Trans*: Other: Prefer not to say:
Q6. How old is the young person? (Please tick ONE below)
11: 12: 13: 14: 15:
Q7. What is the postcode for the young person? (Please write clearly in the boxes below)
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:
Q9. Which ethnic group does the young person belong to? (Please tick ONE below) Mixed/Multiple Asian/Asi- Black/African/Carib- Other Ethnic Prefer not
White: Ethnic Groups: an British: bean/Black British: Group: to say:
Q10.Does the young person have any long term illness, health problem or disability that limits
their daily activities? (Please tick ONE) Yes: No: Prefer not to say:
Name of emergency contact, relationship and phone number: (if different from details above)
Name: Relationship to
Relationship to
Name: Relationship to young person:
Name: Phone number: Relationship to young person: Relevant medical information: (include any allergies / injury problems) I have completed the medical details above and I consent that, in the event of any illness/accident, any necessary
Name: Phone number: Relationship to young person: Relevant medical information: (include any allergies / injury problems)
Name: Phone number: Relationship to young person: Relevant medical information: (include any allergies / injury problems) I have completed the medical details above and I consent that, in the event of any illness/accident, any necessary
Name: Phone number: Relationship to young person: Relevant medical information: (include any allergies / injury problems) 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.
Name: Phone number: Relevant medical information: (include any allergies / injury problems) 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: The information you have given will be used to monitor the success of the programme and help us plan for future sporting activities. Sport England (who run the Sportivate programme) would like your permission to share your contact details as follows: Consultants working for Sport England to monitor Sportivate want to send you a survey by email 3, 6, 9
Name: Phone number: Relevant medical information: (include any allergies / injury problems) 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: The information you have given will be used to monitor the success of the programme and help us plan for future sporting activities. Sport England (who run the Sportivate programme) would like your permission to share your contact details as follows:
Name: Phone number: Relevant medical information: (include any allergies / injury problems) 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: The information you have given will be used to monitor the success of the programme and help us plan for future sporting activities. Sport England (who run the Sportivate programme) would like your permission to share your contact details as follows: Consultants working for Sport England to monitor Sportivate want to send you a survey by email 3, 6, 9 and 12 months after Sportivate.
Name: Phone number: Relevant medical information: (include any allergies / injury problems) 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: The information you have given will be used to monitor the success of the programme and help us plan for future sporting activities. Sport England (who run the Sportivate programme) would like your permission to share your contact details as follows: Consultants working for Sport England to monitor Sportivate want to send you a survey by email 3, 6, 9 and 12 months after Sportivate. Please tick here if you DO NOT want to be sent the surveys: County Sports Partnerships may wish to notify you about other sports activities in your area.

Sport England will collect and process all personal data in line with the Data Protection Act 1998 and there is more information about this on the Data Protection Statement supplied with this form.