

Activity Details

Childs Details

First Name

Surname

Gender Male Female

Age

DOB

School

School Year

Nationality

Home Contact Details

Address

.....

.....

Postcode

Tel (Day)

Tel (Eve)

Tel (Mob)

Email

Emergency Contact Details

Name

Tel (Day)

Tel (Eve)

DATA PROTECTION ACT 1998

The information collected will only be used for the purposes of registration, and will not be passed to any third parties.

Photographs

Babergh District Council may arrange for photographs to be taken at these events. These images would be used in Barbergh's Council publications, like Babergh Matters or on our website, or may be used in other publicity material, the purpose of which would be to promote or publicise active leisure events in Babergh.

If you do not wish your child to be photographed please indicate this to the event organisers.

Medical Details

Please provide full details of any medical conditions (asthma, allergies etc.)

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Disability

Does the participant have a disability?
Yes No

What is the nature of the impairment?

- Physical Moderate Learning
- Visual Severe Learning
- Hearing
- Other (please state)

.....

Is the participant a wheelchair user?

Yes No

Ethnicity

Please tick a category listed below

- White Asian
- Mixed Chinese
- Black
- Any other (please state)

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<p>Parental permission</p> <p>I am the parent/legal guardian and give my permission for my child to take part in the activities.</p> <p>Signature:.....</p> <p>Name:</p> <p>Contact Number:</p> <p>Date:</p>
