|  |  |
| --- | --- |
| Full Name  |  |
| Address  |  |
| Gender  | Male Female  |
| Age & Date of Birth  |  |
| Ethnicity  |  |
| Parent/Guardian Name |  |
| Mobile Number |  |
| Email Address  |  |
| Emergency Contact Number  |  |
| Current School  |  |
| Please detail any Medical Conditions that the coach should be aware of. |   |
| Do you consider your child to have a disability? | YES NO  |
| If yes – what is the nature of the impairment  |  |
| Do you have any dietary requirements? If yes – please give details. |  |
| Do you give consent for your child to walk home on their own? | YES NO  |
| Do you receive FSM? | YES NO  |

I give consent for photos/videos to be taken of……………………………………………………....and used in future promotions with ourselves and partner organisations involved in these projects.

I do not give consent for photos/videos to be taken of…………………………………………………………..

Parent/Guardian’s name ……………………………………………….

Signature…………………………………………….. Date……………………..