

Blackpool FC Community Trust Enrolment Form



This form must be completed by a parent/guardian/carer and returned to a member of staff prior to taking part in any activities. Please answer **ALL** of the questions below and tick or cross the relevant circles.

PARTICIPANT DETAILS									
Full name:		Date of birth:		Male:	<input type="radio"/>	Female:	<input type="radio"/>		
School:		Year group:		Religion:					
Address:									
				Postcode:					
Telephone (inc area code):				Mobile:					
Please detail any medical conditions, medication or food allergies that the coaches should be made aware of:									
PHOTOGRAPHY									
Under child protection law, you must now indicate if an official photographer is able to capture images of your child whilst under our supervision.									
I DO give permission for my child to be photographed by an official photographer for BFCCT							<input type="radio"/>		
I DO NOT give permission for my child to be photographed by an official photographer for BFCCT							<input type="radio"/>		
PARENT / GUARDIAN / CARER DETAILS									
Full name:									
Telephone (in case of emergency):									
Email:				Twitter:					
DISABILITY (PARTICIPANT)									
Do you consider the participant to have a disability?						Yes	<input type="radio"/>	No	<input type="radio"/>
If you answered yes to the above what is the nature of the impairment?									
Specific learning difficulty (e.g. dyslexia)		<input type="radio"/>	Autistic Spectrum Disorder or Asperger Syndrome				<input type="radio"/>		
Blind or partially sighted		<input type="radio"/>	Mental health difficulties				<input type="radio"/>		
Deaf or hearing impairment		<input type="radio"/>	Unseen disability (e.g. diabetes, epilepsy, heart condition)				<input type="radio"/>		
Wheelchair user or mobility difficulties		<input type="radio"/>	Disability, special need or medical condition not listed above				<input type="radio"/>		
Other (Please specify):				Unknown / Not specified				<input type="radio"/>	
ETHNICITY									
White:	British	<input type="radio"/>	Irish	<input type="radio"/>	Irish traveller	<input type="radio"/>	Other	<input type="radio"/>	
Asian:	Indian	<input type="radio"/>	Pakistani	<input type="radio"/>	Bangladeshi	<input type="radio"/>	Chinese	<input type="radio"/>	
Black:	Caribbean	<input type="radio"/>	African	<input type="radio"/>	Other	<input type="radio"/>			
Mixed:	White & Black Caribbean	<input type="radio"/>	White & Black African	<input type="radio"/>	White & Asian	<input type="radio"/>	Other	<input type="radio"/>	
	Arab	<input type="radio"/>	Other	<input type="radio"/>	Prefer not to say	<input type="radio"/>			
CONSENT STATEMENT									
I confirm that my child is in good health and I consider them capable of taking part in Blackpool FC Community Trust activities. I accept that there are risks associated with competing in sports and that the event organisers will take every precaution to minimise those risks. I have completed the medical information and confirm that in the event of any illness or accident, a suitable qualified person can administer any necessary treatment to my child.									
Name:				Date:					
Signed:									

All information on this form will remain confidential. Blackpool FC Community Trust will use this data for monitoring the success of our programmes only. This information will not be passed on to any third-party or be used for any other purpose. All personal data will be collected and processed in line with the Data Protection Act 1998.

Thank you for your co-operation in completing and returning this form