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| **Membership/Activity and Medical Details Form** |
| Tilehurst Parish Council in Berkshire Youth are offering activities for local young people. These activities are being held at Cotswold Sports Centre, Downs Way, Reading, RG31 6SL.Sessions will be sports based, some of which will be run by Berkshire Youth. Other external sports companies may be bought in to widen the offer to young people. Berkshire Youth will hold details for all sessions, some data may need to be shared with the external companies for their records. These sessions are drop in so young people can sign in or out at any time. This form must be completed by the parent or guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age. Personal data will be stored on a secure database held by Berkshire Youth. |
| **­­Session Group:** Cotswold Sport Sessions – Thursday’s  |
| **Participants Details** |
| **Surname:** **First Name:** |
| **Date of Birth:** **Male/Female**  |
| **Address:****Postcode:**  |
| **Ethnic Origin:**

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| --- | --- | --- | --- | --- | --- |
| Black Caribbean | 🞎 | Pakistani | 🞎 | White UK | 🞎 |
| Black African | 🞎 | Bangladeshi | 🞎 | Other European | 🞎 |
| Black Other | 🞎 | Asian Other | 🞎 | White Non-European | 🞎 |
| Chinese | 🞎 | Mixed Race | 🞎 | Other | 🞎 |
| Indian | 🞎 | Irish | 🞎 |  |

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| **Two Emergency Contacts – These must be two different people** |
| **Name:****Relationship to participant:****Address:****Postcode:****Contact Number:****Email Address:** |
| **Name:****Relationship to participant:****Address:****Postcode:****Contact Number:****Email Address:** |
| **Medical Info:** |
| **Doctor’s Name:****Surgery Address:****Surgery Contact Number:** |
| **Please give details of any medical conditions/disabilities e.g. diabetes, epilepsy, allergies etc** |
| **Current Medical Treatment including medication:** |
| **Tetanus injection details:** **Date:** |
| **Details of any special dietary requirements:** |
| **Photo/Media Consent:**I understand that Tilehurst Parish Council and Berkshire Youth may wish to take photographs or videos during the session, for the purpose of publicity/recording and this may include posting onto the website/social media/ displays or newsletters. | **Please tick as appropriate:****I allow my child to be in photographs****I do not allow my child to be in photographs**  |
| We would like to send you information about other activities & programmes, news, fundraising activities or marketing materials that we may wish to promote, by post, telephone, email and SMS. If you agree to being contacted this way, please tick the relevant boxes.  | **Please tick as appropriate:****Post****Email** **Phone****SMS**  |
| **Parental Consent** |
| **Parents/Participants must ensure that any change of details are notified to Berkshire Youth.****Signed (Parent/Guardian/Participant over 18): Date:** |
| **I agree to follow staff instructions to ensure my and everyone’s safety.****Signed (Member): Date:** |