

S.A.F.C. Female Centre of Excellence Registration Form



2009 – 2010

We are requesting information about your child so that we can:

- Ensure that all young people in Sport are as safe as possible
- Provide you with further information on opportunities available



It is vital that a Parent/Guardian signs this form prior to your child taking part at the Centre of Excellence.

First Name:		Surname:	
Address:			
Post Code:			
Date of Birth:		Age:	
Contact No.'s	Home:		
	Work		
	Mobile		
	Emergency Contact No.		
E-mail:	Player:		
	Parents:		
Mother's Name:			
Father's Name:			
Guardian's Name (if applicable):			
Person(s) authorised to collect your child from the sessions:			
School:			Yr:
Are you a member of a Sports Club? If yes, which one(s):			
Preferred Playing Position(s):			

Data Protection Act 1998

All information supplied by you in connection with this application, both now and in the future, will be processed in confidence by the Durham Sport Partnership for the purposes outlined above. However, in order to better assess your needs and the accuracy of information supplied, we may share this with other bodies, in particular Sport England SAFC Foundation and the National Governing Body of the relevant sport. If you have any queries about the processing of your data, please contact Durham Sport on 0191 301 8416.

Does your child suffer from any of the following?

Asthma Migraines Diabetes Epilepsy

Fainting Heart Problems Skin Problems Allergies

(Please state)

Other:

Is your child currently on medication or have any injuries?

Yes No

If yes, please specify:

Do you consider your child to have a disability?

Yes No

If yes, please specify:

What is your child's Ethnic origin?

White Mixed Race Asian Black Chinese

Other

Do you have any objection to photographs or media footage of your child being taken for training and/or publicity purposes? NSPCC guidelines will be adhered to:

Yes No

I confirm that consent is given for my child to attend the SAFC Female Centre of Excellence training and fixtures and agree that in the event of an injury or accident, all steps will be taken to ensure my child receives the correct medical treatment. In the event of a more serious injury or accident where hospital treatment is required, I will be informed immediately.

Print Name: _____

Signed _____ Date _____

Information used in this form will be used for monitoring and evaluation purposes. In addition, you or your child is invited to provide further information through short questionnaires and/or interview. All information will remain confidential and be held on computer or stored in locked cabinets. No reference to individuals will be made in verbal or written reports. You or your child's participation in this study is voluntary and you may decline to participate. I have read and understood the above information and agree for myself, or my child to participate further in this study, if so requested.