



REGISTRATION FORM

NAME		D.O.B	
TELEPHONE		MOBILE	
EMAIL			
ADDRESS			
CITY		POST CODE	

ETHNICITY

WHITE	MIXED RACE	ASIAN	BLACK	CHINESE/OTHER
<input type="radio"/> British <input type="radio"/> Irish <input type="radio"/> Other	<input type="radio"/> White & Caribbean <input type="radio"/> White & African <input type="radio"/> White & Asian <input type="radio"/> Other	<input type="radio"/> Indian <input type="radio"/> Pakistan <input type="radio"/> Bangladeshi <input type="radio"/> Kashmiri <input type="radio"/> Other	<input type="radio"/> Caribbean <input type="radio"/> African <input type="radio"/> Other	<input type="radio"/> Chinese <input type="radio"/> Other ethnic

DISABILITY/MEDICAL CONDITIONS – IF YES, Please state below including medication

<input type="radio"/> No	<input type="radio"/> Yes	
Medication:		

CLUBS & ACTIVITIES

Are you a member of a club?	<input type="radio"/> Yes	<input type="radio"/> No	Name of club?	
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WHAT WOULD YOU CONSIDER TAKING PART IN?

<input type="radio"/> Aerobics	<input type="radio"/> Badminton	<input type="radio"/> Basketball	<input type="radio"/> Cycling	<input type="radio"/> Dance
<input type="radio"/> Football	<input type="radio"/> Gym	<input type="radio"/> Handball	<input type="radio"/> Ice Skating	<input type="radio"/> Keep Fit
<input type="radio"/> Kick Boxing	<input type="radio"/> Lacrosse	<input type="radio"/> Netball	<input type="radio"/> Rounders	<input type="radio"/> Running
<input type="radio"/> Self Defence	<input type="radio"/> Tennis	<input type="radio"/> Trampolining	<input type="radio"/> Volleyball	<input type="radio"/> Walking
Other – please state:				

I give consent for this information to be used for the purpose of monitoring and evaluating the US Girls, Active women's programme.

This information will be treated as confidential and under the Data Protection Act 1988 will be Used for no other purpose other than stated above.

Signed Date

