

# REGISTRATION/CONSENT FORM

**F.I.T.C.A.P**



FITNESS IN THE  
COMMUNITY ACTIVE PLAY

## Participants Details

<b>NAME</b>		<b>D.O.B</b>	
<b>MALE/FEMALE</b>		<b>SCHOOL</b>	
<b>EMAIL</b>		<b>PHONE</b>	
<b>ADDRESS</b>			
<b>CITY</b>		<b>POST CODE</b>	

## 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

## 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"/> Dance	<input type="radio"/> Football
<input type="radio"/> Handball	<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
Other – please state:				

I give consent for this information to be used for the purpose of monitoring and evaluating the F.I.T.C.A.P 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.

*Photographs and personal details may be used for promotional benefits and publicity:*

I do not wish my child to be photographed  I do not wish my child's name to be used

## EMERGENCY CONTACT DETAILS FOR YOUNG PEOPLE UNDER 16

FIRST NAME.....SURNAME.....

RELATIONSHIP TO CHILD/YOUNG PERSON.....

PHONE NO.....MOBILE.....WORK.....

Signed ..... Date .....