

Extending Activity Participant Registration Form

5-15 year olds – to be completed and signed by parent/carer/teacher

Q1. Child/young person's Name			
Q2. Name of parent/carer/teacher			
Q3. Email address of parent/carer/teacher			
Q4. Is the child/young person (please tick)			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Q4. What school year is the child/young person in?			
Year			
Q5. What is the address including postcode of the young person?			
Q6 In the past 4 weeks, <u>not counting any PE lessons</u>, on how many days has the child/young person done 60 minutes sport and recreational physical activity when the effort was usually enough to raise his/her breathing rate? Include activities such as brisk walking or cycling			
days in the last 4 weeks			
Q7 What is the emergency contact number of the young person?			
Q8 Does the young person have any medical requirements?			

Signature of parent/carer or teacher

Please tick which applies:

I am the child's/young person's parent/carer

I am the child's/young person's teacher

Thank you for signing up for this activity. Your answers are confidential. We (put in the name of your organisation) will find this personal data useful for monitoring the success of our programmes, to help in planning future sports activities for children and young people, and we would like to be able to send you details of any further sports opportunities that may be of interest. You may be invited to take part in a survey conducted by consultants working on behalf of Sport England. We will not pass this information to any third-party or use it for any other purpose. We will collect and process all personal data in line with the Data Protection Act 1998.

If you do not want to take part in any future survey, please tick here

If you do not want to receive information about other sports opportunities, please tick here