

ACTIVITY REGISTRATION FORM

We are requesting the following information in order to:
Ensure that all participants are as safe as possible.

ACTIVITY DETAILS

ACTIVITY:	<u>Holmfirth Harriers</u> <u>Autumn Fun in</u> <u>ATHLETICS 2017</u> <u>Age 6 to 12</u>	Day & Venue	Every Saturday from 8th of September 2018 to Saturday 8 th of December 2018 (14weeks) at Neiley Playing Fields , New Mill Road, Honley
Session.	£2.50 per session or £28 for all fourteen sessions.	TIME:	10.30am to 12:00pm on Saturday Mornings

PARTICIPANT DETAILS

NAME:	AGE:	SEX:	MALE	FEMALE
ADDRESS:		POSTCODE:		
TEL NO:	DATE OF BIRTH:			
SCHOOL:				
<u>EMAIL ADDRESS:</u>				
NAME OF PARENT/GUARDIAN/CARER:				
EMERGENCY CONTACT NUMBER OF PARENT/GUARDIAN/CARER:				
WHO IS AUTHORISED TO COLLECT YOUR CHILD FROM THE ACTIVITY SESSION: THE SESSION FINISHES AT 12 midday..... AT THAT TIME YOU ARE RESPONSIBLE FOR THE CHILD'S WELFARE				
ARE THERE ANY MEDICAL CONDITIONS THAT THE COACH SHOULD BE AWARE OF:				

ETHNICITY (PLEASE CIRCLE)

WHITE	INDIAN	PAKISTANI	BANGLADESHI
CHINESE	IRISH	BLACK (OTHER)	BLACK CARIBBEAN
BLACK AFRICAN	ANY OTHER (PLEASE STATE)		

DISABILITY

DO YOU CONSIDER THE PARTICIPANT TO HAVE A DISABILITY (PLEASE CIRCLE)	YES	NO
IF YES, PLEASE STATE THE NATURE OF THE DISABILITY (PLEASE CIRCLE)		
LEARNING DISABILITY:	PHYSICAL DISABILITY:	
HEARING IMPAIRMENT:	VISUAL IMPAIRMENT:	
OTHER PLEASE SPECIFY:		

SIGNATURE OF PARENT/GUARDIAN.....

DO YOU WISH TO RECEIVE DETAILS OF ACTIVITIES IN THE FUTURE (PLEASE CIRCLE) YES NO

DO WE HAVE PERMISSION TO INCLUDE THE PARTICIPANT IN PHOTOGRAPHS OF THE ACTIVITY SESSION YES NO

PLEASE ENSURE THE PARTICIPANT IS WEARING SUITABLE CLOTHING.

PLEASE BRING THE FORMS WITH YOU. CHEQUES PAYABLE TO HOLMFIRTH HARRIERS AC.

Contact ; **John McFadzean** on 07800507824 or email hellojohn@tiscali.co.uk