



# REGISTRATION & CONSENT FORM

The information requested be for the safety and wellbeing of the participants, please answer all questions truthfully and accurately as possible. Please inform Parkour Generations, in writing, if any changes occur to any of the information given.

## PARTICIPANT DETAILS *(Please Complete in BLOCK CAPITAL letters)*

<b>Name</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Telephone number(s)</b>	<b>t:</b>	<b>m:</b>	
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>Date of Birth</b>	/ /	<b>Age:</b>	
<b>Are you in:</b>	<input type="checkbox"/> Full / Part Time Education	<input type="checkbox"/> Employment	<input type="checkbox"/> Training <input type="checkbox"/> None
<b>School / College Attending</b>			
<b>Email Address</b>			

## ETHNICITY

What is your ethnic group? Choose one from the following sections and ✓ tick the appropriate box. Categories provided by the Home Office & CRE

<b>White</b>	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other	<b>Chinese</b>	<input type="checkbox"/> Chinese
<b>Mixed</b>	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other	<b>Asian or British Asian</b>	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other
<b>Black or Black British</b>	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other	<b>Other Ethnic Group</b>	Please State: _____

## REFERRAL INFORMATION

<b>Please describe how you found out about this programme?</b>	
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## MEDICAL INFORMATION

We do not exclude because of medical needs. However it is essential that we have full details in order to offer the best standards of care

<b>Do you have?</b> <i>(Please tick ✓)</i>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Condition
<b>Are you currently being prescribed any medication?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If YES please state details. i.e: times to be taken, dose etc )</i>		
<b>Have you been in contact with or had any contagious or infectious</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If YES then please give details:)</i>		

<b>disease in the last four weeks?</b>		
<b>Have you had a tetanus injection in the last 5 years?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If YES then please give date:)</i>
<b>Any other medical information, dietary needs or food allergies:</b>		

### GP CONTACT DETAILS

<b>GP's Name</b>	
<b>Address</b>	
<b>Telephone</b>	

### DISABILITY

<b>Do you consider yourself to have a disability?</b>	<input type="checkbox"/> Yes <i>(Please tick ✓)</i> <input type="checkbox"/> No
<b>Do you require one to one support / assistance?</b>	<input type="checkbox"/> Yes <i>(Please tick ✓)</i> <input type="checkbox"/> No
<b>If yes, what is the nature of your disability?</b>	
<i>(eg: Visual Impairment, Physical Disability, Multiple Disability, Hearing Impairment, Learning Disability or Other)</i>	

### EMERGENCY DETAILS

*In case of an emergency during the activity, please could you write down two contact names, addresses and telephone numbers?*

	<b>Contact 1</b>	<b>Contact 2</b>
<b>Name:</b>		
<b>Address:</b>		
<b>Telephone - Home</b>		
<b>Telephone - Work</b>		
<b>Telephone - Mobile</b>		

### PARENTAL / GUARDIAN CONSENT & DECLARATION

*I consent to the person named above participating in Parkour Generations (PKG) activities, as described above. I also consent to the person named above being escorted by PKG to and from activities on the programme, by vehicle both public & private and as a pedestrian. I recognise that the accompanying staff will be responsible for their supervision and care as far as can be reasonably expected. I understand that they will not be constantly supervised. I acknowledge the need for mature and responsible behaviour of the person named above and I believe that this can be expected of them.*

*I agree to inform PKG in writing, as soon as possible of any changes to medical circumstances of the person named above either prior to or during the programme. I agree that in an emergency PKG or its representatives may authorise medical treatment for the person named above including anaesthetic, if it is not practicable to consult me first. I will*

*indemnify Parkour Generations and its representatives, agents & employees from any responsibility given to them, in relation to acting in "loco-parentis" in the case of medical emergencies only.*

*I agree to indemnify Parkour Generations, its representatives, agents & employees, from all liabilities in relation to loss or damage suffered or caused by the person named above which result in other than negligence of PKG or their representative or which result in the person named above failing to follow any reasonable instructions given to them.*

*I understand that photographs, audio and visual recordings of the participant engaged in Parkour Generations activities may be used for promotional and materials, such as websites, local and national media and I hereby given my permission for this.*

*I understand that the information given may be kept on a computer database, which will only be accessed by Parkour Generations. I confirm that I agree with the above declaration and the information on this form is complete and accurate to the best of my knowledge.*

Parent / Guardian Name \_\_\_\_\_  
(Please Print)

Parent / Guardian Signature \_\_\_\_\_

Relationship to the person named above \_\_\_\_\_ (i.e.  
Parent/Carer)

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*(Please note that Parkour Generations, its agents, employees and representatives cannot be held responsible for the loss or damage to participant's property and the PKG reserves the right to refuse participation of any person if there are concerns raised by the response on this form, especially if it's due to misbehaviour of the young person.)*