



Sporting Pillars Participation Consent

Personal Details			
Name of Participant:		Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth:		Age:	
School or College:		Current School Year:	
Full Home Address:		Post Code:	
Participants email address:			

Medical Details

Does participant have medical conditions we need to be aware of? YES NO

If yes give details:

Does participant have any disabilities? YES NO If yes, please provide the details:

Amputee Cerebral Palsy Other health impairment Autism Spectrum Disorder

Speech or language Impairment Visual Impairment Deafness/Hearing Impairment

Does the participant need to bring any medication with them? YES NO

(If yes, please state medication and time:

Is there anything else we should be aware of to ensure participants wellbeing? YES NO

(If yes give details:

Please Tick Which Group Best Describes Participant Ethnic Origin

White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	White Other <input type="checkbox"/>	Mixed White Black African <input type="checkbox"/>	Mixed White Black Caribbean <input type="checkbox"/>
Mixed White Asian <input type="checkbox"/>	Mixed Other <input type="checkbox"/>	Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Black Other <input type="checkbox"/>
Asian Indian <input type="checkbox"/>	Asian Pakistani <input type="checkbox"/>	Asian Bangladeshi <input type="checkbox"/>	Asian Other <input type="checkbox"/>	Chinese <input type="checkbox"/>
Other Ethnic group <input type="checkbox"/>	If Other, Please Specify:			

Parent/ Carer Details and Emergency contact

Title:	Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other	Full Names:	
Home Tel No:		Work Tel No:	
Mobile Tel No:		Parent/ Carer Email Address:	



Collection of Participant Details (please tick & complete the appropriate box)

	I	will collect the participant personally.
	Relationship to participant:	
	I	give permission for the participant to go home alone.
	Relationship to participant:	
	I give permission to	to collect the participant.
	Relationship to participant:	

Photography & Images

Photographs, Film or video) of the young people participating during activities for promotional use. These may be used for official or media publication.

If you have any objection to us taking images of your child, please indicate by ticking this box

Sporting Pillars in partnership with The Learning Hub is committed, through trained competent staff to provide a safe learning environment. Whilst in our care, all participants will be fully supervised. However, certain sports involve a degree of contact between players and injuries occur through no negligence of the coaches. We believe it is our responsibility to ask you to ensure the safety of the participant by making sure they come equipped for activities with a strong pair of trainers (or when appropriate football boots), warm clothing, shin pads for football sessions and a water bottle for the sessions as well as any medication they may require. I have read and understood this statement and will ensure the participant arrives with appropriate equipment (please indicate by ticking this box)

Other data for future reference

Has your child attended a football session before? Yes No

Would you be interested in joining our football club in the future 'Sporting Pillars FC' Yes No

Would you be interested in our educational and awareness workshops? Yes No

Declaration by parent / carer or guardian: I wish for my child to be accepted for the activities and I agree to the terms and conditions above. I confirm that any medical conditions which may affect my child's participation for the activity have been fully disclosed.

Signed Parent / Carer:

Please Print Name:	Date:
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Once completed please send to info@sportingpillars.co.uk or bring with you on the day of the activity.

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