

Active Durham Registration Form

Personal Information			
Title		Gender	
First Name (s)		Contact Number	
Surname		Mobile Number	
Date of Birth & Age		E-mail Address	
House Number and Street		Activity Attending	
Town		Date of Activity	
Postcode		Including Riverside trip	Yes/No
		If YES please write the name of the parent or guardian that you will be attending with	NAME:
Ethnic Origin	Do you consider yourself to be: (Tick one box only) White British <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify) Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify) Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify) Other Other Ethnic Group <input type="checkbox"/> (Please Specify)		
Emergency Contact Details			
Name of Contact			
Relationship to Participant			
Daytime Contact Number			
Evening Contact Number			
Mobile Number			
Health Information			
Have you taken part in any form of Sport or Physical Activity other than during PE time in the last 4 weeks?	YES / NO (delete as appropriate)		
<i>If you have done little exercise in the past, or you are returning to exercise following a period of inactivity, before starting an exercise programme you should seek advice from your GP</i>			
Do you consider yourself to have a disability?	YES / NO (Delete as appropriate)		
Please tick Disability Type:			
Not Applicable <input type="checkbox"/> Sight Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Mobility Impaired <input type="checkbox"/> Multiple Impairment <input type="checkbox"/> Learning Difficulties <input type="checkbox"/> Health / Other <input type="checkbox"/> Not Specified <input type="checkbox"/>			
Do you suffer from any other medical conditions?	YES / NO (Delete as appropriate)		
Please tick Medical Conditions:			
None <input type="checkbox"/> Asthma/respiratory problems <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cardio-vascular problems <input type="checkbox"/> (please specify) Diabetes <input type="checkbox"/> Bone/Joint injuries <input type="checkbox"/> Recent Operation <input type="checkbox"/> (please specify) High Blood Pressure <input type="checkbox"/> Allergy <input type="checkbox"/> (please specify) Other <input type="checkbox"/> (please specify)			
Do you smoke?	YES / NO (Delete as appropriate)		
How did you here about Active Durham?			
Would you like to be contacted about future Active Durham Activities?	YES / NO (Delete as appropriate)		
How would you prefer to be contacted? Please Tick			
Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/>			
General Information			
DATA PROTECTION ACT 1998			
The information you have provided will be held by the council on computerised and manual files within the Environment and Leisure Services department. The data may be disclosed to other departments within the council or other organisations, but only in order to ensure compliance with relevant legislation or for identification purposes or to prevent or detect fraud or a crime. If you wish to obtain a copy of the information the council holds about you, you must apply in writing to the Chief Executive, Durham City Council, 17 Claypath, Durham, DH1 1RH, a fee will be payable. City of Durham is a registered Data Controller in accordance with the Data Protection Act 1998.			

PHOTOGRAPHY AND FILMING CONSENT

There may be situations in which films, photographs or images are taken of participants to promote Council activities. All films, photography or images will be produced in accordance with Child Protection guidelines and Safeguarding Young People and Vulnerable adults.

By submitting this form you consent to the Council conducting films and/or taking photographs or images whilst you, your child or person in your care is present.

If you do not wish to consent it is your responsibility to make contact with a member of staff when such a situation arises and assist in arrangements to ensure you are not part of any filming, photography or image.

Where the Council deem it appropriate to film, photograph or produce an image of participants those participants will be informed prior to it taking place. All persons will have the opportunity at that time to withdraw consent or refuse to participate.

LIABILITY

The Council's liability for personal injury, damage or death is limited to loss or damage incurred as a result of the negligence of the Council, its staff or agents. For the avoidance of doubt, the Council shall not be liable in contract, negligence, and breach of duty or in any other circumstances for any indirect or consequential loss.

Any participant under the age of 18 must have this form signed by a parent or consenting adult below before they are allowed to participate in any Active Durham activity:

Child's Name:

I consent to my child taking part in the above mentioned activity and I have read, fully understand and agree with the 'General Information' contained on this form

Signed:

Name: (please print)

Date:

Relationship to Child:

IMPORTANT INFORMATION -

ONE REGISTRATION FORM IS REQUIRED FOR EACH PARTICIPANT

REGISTRATION FORMS WITH IN-COMPLETE INFORMATION WILL NOT BE ACCEPTED

Please return this form to your local Leisure Centre or via the Freepost Address:

FREEPOST RRXL-YYJH-XTBJ

Active Durham

City of Durham Council

17 Claypath

Durham

DH1 1RH