

Get Active with

Wigan Sports Development

Session Registration Form

To be completed by a parent / guardian

Activity			
Name		Gender	
Address			
Postcode			
Telephone – day		Telephone – evening	
Date of Birth			
School		School Year	
Medical Information			

Name of parent / guardian			
Telephone number		Email address	
How did you hear about this session?			
How much sport/fitness activity does your child take part in? Please mark a cross next to the days last week when they did 1 hour or more of sport or fitness activity NOT including PE			
Monday	Tuesday	Wednesday	Thursday
Friday	Saturday	Sunday	
Which sport/activity did he/she do? Please tell us about activities like fast walking or cycling after school, but not PE lessons.			

Disability?	Yes / No	If yes, what?	
If yes, would your child require one-to-one volunteer support to participate in the activities?		Yes / No	
Ethnicity?	White British	Other please specify	

Please read the following information carefully

I understand that by completing and submitting this form I am giving my consent for my child to participate in the relevant activity. Furthermore, I understand that should medical treatment be necessary, every effort will be made to obtain the consent of the emergency contact named above. However, in an emergency, I authorise the coaches to consent on my behalf to any medical treatment, which a qualified doctor feels is necessary (this could include inoculations, blood transfusions, surgery or the use of anaesthetics).

In addition, we are evaluating this project with research staff from Wigan and Leigh Community Safety Team and Greater Manchester Sports Partnership, and to fulfil funding criteria from Sport England. This means participants may be asked to fill in questionnaires regarding their perceptions of the project, and what impact it's had on their behaviour or their achievements. The team may also gather background information on participants from a range of services in order to measure any outcomes the project has had with individuals. All of this information will be strictly confidential, and individual names will not be used in any reports, research findings or returns to Sport England, and only used by the research team for analysis purposes.

- Mark with a cross if you do not wish to get involved in the research
- Mark with a cross if you do not wish for your child to be included in any corporate photography or filming being used in promoting Wigan Leisure & Culture Trust and Greater Manchester Sports Partnership.
- If you do not wish to receive information about other sports opportunities, via post, phone or email, please mark with a cross

I understand that Wigan Sports Development reserve the right to remove any child from a session should they cause or are deemed to have the potential to cause disruption. This process will involve communication with parents / guardians from the contact details given above.

Signature of consent parent / guardian		Date	
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The information on this form will be held on a computer in accordance with the Data Protection Act of 1998. The data will be used for administration and statistical reports required by Wigan Leisure & Culture Trust, Wigan Council and Greater Manchester Sports Partnership.

Stay safe. Leave your session details with a parent/carer

Date		Session	
Venue		Finish time	
Head Coach contact number: 01942 404984/404982			