



DERBY CITY COUNCIL



This consent form is for young people to take part in The Movement

Please note: The person who has completed this form may be contacted for health and safety reasons

SCHOOL ATTEND:

YOUNG PERSON'S DETAILS:	Last Name:		
First Name:	D.O.B: / /	Age:	
		Male/Female:	
Address:	Telephone (home):		
	Telephone (mobile):		
Post code:	email:		

White	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British	<input type="checkbox"/>	Other	

Do you consider yourself disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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EMERGENCY CONTACT DETAILS:	Contact Name:		
Relationship:	Telephone (home):		
Address:	Telephone (work):		
	Telephone (mobile):		
Post code:	e mail:		

HEALTH INFORMATION:	Please provide answer in space provided:
Are there any medical conditions or disabilities which we should be aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details:	



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MEDICAL CONSENT:	
Do you consent to your child receiving emergency medical treatment in an emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consent to your child receiving first aid treatment including application of plasters?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Your child/guard will be taking part in various activities which could include physical activity, healthy eating, beauty sessions, etc. If there are any specific activities you would not like your child to participate in, please state here:

All information provided will be treated in confidence and in accordance with the Data Protection Act 1998. It will only be used to provide you with information about The Movement.

I give permission for _____ (name of child) to take part in the Movement youth project
Signed: _____ Date: _____

I give permission for _____ (name of child) to be transported by car, minibus or public transport when necessary and photographs (video and stills) to be displayed or used for media coverage, including social network sites. (Delete where applicable)
Signed: _____ Date: _____

Have you used Derby City Council leisure centre gyms in the last 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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To be completed by Leisure Centre Staff:	
Membership Number:	Card Issued by:
Card Issue date:	
Date entered on XN system:	By:



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