

LEEDS SERVICE AREA REGISTRATION & PARENTAL CONSENT FORM

2009 (closing date 31/08/2009)

1. Name	D.O.B.	Age Group
		Under 18s 01/01/91 – 31/08/93

2 Address

Post Code						College Name	
Home Tel.					Mobile Tel.		

3 Gender

Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
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4 Ethnic Origin (please tick one - You do not have to complete this question but doing so will help us improve our service)

White	Mixed	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any Other (Please Specify)
Other (Please Specify)	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other (Please Specify)	
	Other (Please Specify)	Kashmiri <input type="checkbox"/>		
		Other (Please Specify)		

5 Does the player have any long term illness, health problem or disability? IF YES, please state, e.g. learning disability / downs syndrome / cerebral palsy / dyslexia etc. Please also provide any other additional information you feel necessary.

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6. Player's Medical Details

Please give details of any important medical information that our staff should be aware of (e.g. epilepsy, asthma, diabetes, long term injuries).

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7. Player a member of an amateur rugby league club or college team **YES** **NO**

If YES, what is the name of the club/ college:	Playing League:
Head Coach:	Club secretary:
Playing Position:	Alt Playing Position:
Chest Size (cm): _____ Waist Size (cm): _____ Height (cm): _____	

8 Emergency Contact Details (To be completed by Parent/Guardian)

Print Name:	Home	Mobile Tel:	
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I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with the injury/illness appropriately and that by returning this completed form I agree to my son/daughter/child in my care taking part in the scheme.

The information you provide on this form will be held on computer and paper files. LCC & Leeds Service Area may from time to time send you information and offers about events and services provided by its Department of Leisure Services for promotional purposes. If you do not wish to receive such information please tick this box

If you do not give consent for your child to be photographed during the Activity/sessions please tick this box

Print Name (parent/guardian)	Signature (parent/guardian)	Date