



**Wheelchair Basketball
October Half Term Camp 2016**
Application and Consent Form

Which day(s) would you like to attend?

Tuesday 25 October	Wednesday 26 October	Thursday 27 October

There is a cost of £18 per day for the camp. You can pay by card (online or over the phone), cash or cheque (payable to LBRuT)

Participants details

Name:		Surname:	
Date of birth:			
School/college:			
Home address:			
		Postcode	
Home telephone:			
Parent/carer mobile:			
Parent/carer email:			

If the participant considers themselves to have an impairment or disability, please provide details:

--

If the participants requires any support within the sessions please provide details:

--

Medical details

Please provide details of any medical conditions, medications, allergies, behaviour difficulties that the staff should be aware of:

This may include allergies, heart conditions, medication, behaviour triggers and strategies which are usually helpful.

GP name:		GP tel no:	
GP address			

Parent/Carer details

Name:	
Telephone number:	
Relationship to participant:	
Signature:	
Date:	

Please note:

To assist with future promotions/publicity, official photographs may be taken during RISE activities and events. If the participant does not wish to be photographed then please tick this box	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Office use:

Activity:	
Added to database:	
Added to upshot:	
Signed:	
Date:	

Equality & Diversity Monitoring

In order to monitor the effectiveness of our sports and fitness programmes and to ensure that we are reaching all areas of the community as specified in our Diversity & Equality Policy, it would help us if you could complete the section below. This information will be used for monitoring purposes only.

Gender: Male Female

Age: Under 16 16-30 31-49 50-64 Over 65

Ethnicity:

White British Irish Eastern European
 Any other White background, please specify _____

Mixed White & Black Caribbean White & Black African White & Asian
 Any other Mixed background, please specify _____

Asian or Asian British Indian Pakistani Bangladeshi Afghan
 Any other Asian background, please specify _____

Black or Black British Caribbean African
 Any other Black background, please specify _____

Other Ethnic Background Chinese Vietnamese Middle Eastern
 Gypsy / Traveller / Romany Any other ethnic background, please specify _____

Language: Please specify which language you speak _____

Disability: Do you consider yourself to have a disability? Yes No

If yes, please specify:

- Physical impairment Sensory impairment Mental health condition Learning disability/difficulty
 Long-standing illness/health condition such as cancer, HIV, diabetes, chronic heart disease epilepsy etc.
 Other please specify _____

Religion: Please answer if appropriate, in order that we can assess needs requirements for service provision:

- Christian Hindu Jewish Buddhist Muslim Sikh No faith/belief
 Other, please specify _____