

Sportivate Participant Registration Form

Revised 06/2015

This form is to be completed by participants aged **16-25 years**.

Q1. What is your name? (Please write clearly in the boxes below)	
Surname: <input style="width: 100%;" type="text"/>	Forename: <input style="width: 100%;" type="text"/>
Q2. What is your email address? (Please write clearly in the boxes below)	
<input style="width: 100%; height: 20px;" type="text"/>	
Q3. What is your mobile number? (Please write clearly in the boxes below)	
<input style="width: 100%; height: 20px;" type="text"/>	
Q4. What is your gender? (Please tick ONE below)	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Trans*: <input type="checkbox"/> Other: <input type="checkbox"/> Prefer not to say: <input type="checkbox"/>
Q5. How old are you? (Please tick ONE below)	
16: <input type="checkbox"/> 17: <input type="checkbox"/> 18: <input type="checkbox"/> 19: <input type="checkbox"/> 20: <input type="checkbox"/> 21: <input type="checkbox"/> 22: <input type="checkbox"/> 23: <input type="checkbox"/> 24: <input type="checkbox"/> 25: <input type="checkbox"/>	
Q6. What is your postcode? (Please write clearly in the boxes below)	
<input style="width: 100%; height: 20px;" type="text"/>	
Q7. In the past 4 weeks, on how many days have you done 30 minutes of sport and/or recreational physical activity? Do not count any curriculum activities at school/college. Do not include cycling or walking unless it was for sport or recreation. Gardening, DIY and housework should not be included. Please write in the number of days between 0-28:	
<input style="width: 50px; height: 20px;" type="text"/>	
Q8. Which ethnic group do you consider yourself to belong to? (Please tick ONE below)	
White: <input type="checkbox"/> Mixed/Multiple Ethnic Groups: <input type="checkbox"/> Asian/Asian British: <input type="checkbox"/> Black/African/Caribbean/Black British: <input type="checkbox"/> Other Ethnic Group: <input type="checkbox"/> Prefer not to say: <input type="checkbox"/>	
Q9. Do you have any long term illness, health problem or disability that limits your daily activities? (Please tick ONE)	
Yes: <input type="checkbox"/> No: <input type="checkbox"/> Prefer not to say: <input type="checkbox"/>	
Name of emergency contact, relationship and phone number:	
Name: <input style="width: 100%;" type="text"/>	Relationship to you: <input style="width: 100%;" type="text"/>
Phone number: <input style="width: 100%;" type="text"/>	
Relevant medical information: (include any allergies / injury problems)	
<input style="width: 100%; height: 40px;" type="text"/>	
I have completed the medical details above and I consent that, in the event of any illness/accident, any necessary treatment can be administered, which may include the use of anaesthetics.	
Signature: <input style="width: 150px; height: 30px;" type="text"/>	Date: <input style="width: 100px; height: 30px;" type="text"/>

The information you have given will be used to monitor the success of the programme and help us plan for future sporting activities. Sport England (who run the Sportivate programme) would like your permission to share your contact details as follows:

• Consultants working for Sport England to monitor Sportivate want to send you a survey by email 3, 6, 9 and 12 months after Sportivate. Please tick here if you DO NOT want to be sent the surveys:	<input type="checkbox"/>
• County Sports Partnerships may wish to notify you about other sports activities in your area. Please tick here if you DO NOT want to be notified:	<input type="checkbox"/>
• Sport England's partners may wish to share information that may be of interest to you. Please tick here if you DO wish to receive this information:	<input type="checkbox"/>
• There may be filming and photography at some Sportivate sessions which may be used in publicity materials e.g. leaflets, newsletters or on official websites. Sport England advises all activity providers to ensure that images are not accompanied by names or details that could identify individuals. I DO / DO NOT give permission for the young person named above to be filmed or photographed during Sportivate activities as described above (Please delete as appropriate) .	

We will collect and process all personal data in line with the Data Protection Act 1998 and there is more information about this on the Data Protection Statement supplied with this form.