



REGISTRATION FORM

Confidentiality:

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

Name of child/young person:			
Address:			
Date of Birth:			
Gender:	Male	/	Female
Name of parent / carer:			
Day time Tel No parent/carer:		Mobile Tel No parent/carer:	
Email address parent/carer:			
Emergency contact information:			
Name of alternative adult who can be contacted in an emergency:		Relationship to child/young person:	
Day time Tel No alternative adult:		Mobile Tel No alternative adult:	
Please confirm if there any activities that your child can not participate in?	Please give details:		
Medical information:			
Any specific medical conditions requiring medical treatment?	Yes: Please give details:	No:	
Details of medication required (pain/flu/inhaler):			
Any specific medical condition or disability?	Yes: Please give details:	No:	
Any allergies?	Yes: Please give details:	No:	



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Consent information: *please tick the boxes below*

I give my consent that if an emergency medical situation arises, Sparta Performance Coaching may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.

I give my consent for Sparta performance coaching to record information on my child's progress which is observed when taking part in coaching sessions.

I give my consent for Sparta Performance coaching to take photographs/videos (Including sound) of my child to be used for sharing their work via their website, promotional flyers and on social media this includes Facebook, Twitter and Instagram.

Please note that websites and social media can be viewed throughout the world, not just in the United Kingdom where UK laws apply.

I agree to follow government guidelines in regards to COVID 19 and will not allow my child to attend training if any members of our household are experiencing the symptoms outlined in government guidance.

Signature of child/young person:

Print name child/young person:

Date:

Signature of parent / carer:

Print name parent / carer:

Date: