

Satellite Club Participant Registration/Consent Form

(Form to be completed by parent or guardian if participant is under 18)

1. Participant Information

Participant Name:	Age:	Gender:
Emergency Contact Name:	Contact Number:	Relationship:

Ethnicity (Please tick one)

White	Mixed	Asian or Asian British	Black or Black British
- British	- White and Black Caribbean	- Indian	- African
- Irish	- White and Black African	- Pakistani	- Caribbean
- Any other white background	- White and Asian	- Bangladeshi	- Any other black background
	- Any other mixed background	- Any other Asian background	
Other (please specify):		Prefer not to say	

2. Medical Information

Do you have any medical conditions/injuries that may affect your ability to take part in physical activity?	Yes	No
If yes, please provide details:		

I confirm, I am fit/ young person is fit and well to take part in the activity booked (please tick)

3. Consent

Photography/Video
There may be filming and photography at some Satellite Club sessions which may be used in publicity materials e.g. leaflets, newsletters or on official websites. If you are happy for the young person named above to be filmed or photographed during Satellite Club sessions, please make the event co-ordinator aware by ticking this box <input type="checkbox"/>

The Satellite Club programme will involve some data collection from the young people involved (e.g. questionnaires/ interviews). This is to ensure the sessions are designed around the needs of young people and will be useful for developing future programmes. All data collected will remain anonymous and confidential with only Team BEDS&LUTON, Sport England and other relevant partners able to access it.

<p><u>I DO</u> consent for the young person named above to take part in the Satellite Club programme's data collection.</p> <p>(Please tick box) <input type="checkbox"/></p>	<p><u>I DO NOT</u> give consent for the young person named above to take part in the Satellite Club programme's data collection.</p> <p>(Please tick box) <input type="checkbox"/></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please Print Name (parent/guardian if participant is under 18):

Signature (Signed by parent/guardian if participant is under 18):

Date:

Please return completed form to Satellite Club Co-ordinator