

# b-active goes green Registration form

Complete the registration form and take it along with you to your first b-active goes green session.

## Child's details

First name \_\_\_\_\_ Surname \_\_\_\_\_

Age \_\_\_\_\_ Gender Male  Female

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

Emergency contact number \_\_\_\_\_

School attending \_\_\_\_\_

Does your child have any medical conditions or any needs or disability? Yes  No

If yes, please describe and tell us if there are any adjustments to the activity we need to make to accommodate your child's needs?  
\_\_\_\_\_

At Derby City Council we take pride in the services we deliver. We want to make sure that our services are appropriate, fully accessible and free from any barriers or discrimination. To help us check this is working, please indicate the participant's ethnic origin—please tick one box only.

White	Asian or Asian British	Dual Heritage	Black and Black British
British <input type="checkbox"/>	Pakistani <input type="checkbox"/>	White and black Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
Irish <input type="checkbox"/>	Indian <input type="checkbox"/>	White and black African <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	White and Asian <input type="checkbox"/>	
	Other Asian <input type="checkbox"/>	Other dual heritage <input type="checkbox"/>	
Chinese <input type="checkbox"/>	Other ethnic group, please give details: _____		



Please complete the details on the next page

### Activity consent

Please tick the activities below you consent for your child to take part in.

- Climbing wall       Mountain boarding       Cycle skills  
 Pond dipping       Team games

### Declaration

Participation in the climbing wall and certain activities above may carry a risk of injury. I have read and understood the conditions of use that are attached and understand that whilst the staff in charge will take reasonable care of users of the wall and participants in activities, they cannot be held responsible for any loss, damage or injury suffered as a result of taking part in the b-active Goes green sessions. I consent to any emergency treatment necessary during the b-active Goes Green sessions.

**Parent/Carer signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Future activities

Sport and Leisure would like to keep you updated on its activities and events. If you would like to receive this, please tick the following and complete the appropriate details.

- By SMS text        Mobile phone number \_\_\_\_\_  
By e-mail          email address \_\_\_\_\_  
By post            We will use the home address provided above.



All personal information provided will be treated in confidence and in accordance with the Data Protection Act 1998.

**Parent/Carer signature** \_\_\_\_\_ **Date** \_\_\_\_\_