

PARENTAL CONSENT & DATA PROTECTION NOTICE



It is necessary to obtain consent for any person under the age of 18 to take part in the activities associated with Greenwich BMX Club. If you wish for your son/daughter to participate, please read the following information, and complete and sign this form.

All coaches are fully qualified British Cycling coaches that have received training in safeguarding and protecting children, and have been checked and cleared through the Criminal Records Bureau. Any information provided about your child will be placed on a database maintained by Greenwich BMX Club. This information will be kept secure and confidential. It will only be used for the purpose of contacting you or your child regarding future club events and activities where your child could get involved.

PARTICIPANT DETAILS Name: _____ Date of Birth: ____/____/____ Sex: M () F () Address: _____ _____ Postcode: _____		PHOTOGRAPHS PERMITTED Yes () No () <i>Photographs of your child may be used for promotional purposes on behalf of the club.</i>
EMERGENCY CONTACT DETAILS Name: _____ Relationships to Participant: _____ Email Address: _____ Contact Telephone Number: _____	MEDICAL INFORMATION Please make a note below of any medical conditions you feel we should know about, e.g. <i>asthma</i> : _____	
ETHNICITY White: British () Irish () Gypsy/Irish Traveller () Other white (please state): _____ Mixed: White & Black Caribbean () White & Black African () White & Asian () Other mixed (please state): _____ Other Ethnic Groups: Arab () Any Other (please state): _____		Asian or Asian British: Indian () Pakistani () Bangladeshi () Chinese () Other (please state): _____ Black or Black British: Caribbean () African () Other black (please state): _____
RELIGION Buddhist () Christian () Hindu () Jewish () Muslim () Sikh () Undisclosed () No Religion () Other (please specify): _____	DISABILITY INFORMATION The Disability Discrimination Act 1995 defines a disabled person as anyone with a "physical or mental impairment which has a substantial and long term adverse effect upon his/her ability to carry out normal day to day activities." <i>Do you consider that your child has a disability?</i> Yes () No () Prefer not to say ()	
PARENTAL CONSENT NOTICE I have read the information above and declare that I have the right to give parental consent. I hereby consent to my child taking part in activities associated with Greenwich BMX Club. Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____		