



DERBY CITY COUNCIL



This consent form is for young people to take part in The Movement

Please note: The person who has completed this form may be contacted for health and safety reasons.

SCHOOL ATTEND:

YOUNG PERSON'S DETAILS:	Last Name:		
First Name:	D.O.B: / /	Age:	
		Male/Female:	
Address:	Telephone (home):		
	Telephone (mobile):		
Post code:	email:		

White	<input type="checkbox"/>	Black or Black British	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British	<input type="checkbox"/>	Other	

Do you consider yourself disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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EMERGENCY CONTACT DETAILS:	Contact Name:		
Relationship:	Telephone (home):		
Address:	Telephone (work):		
	Telephone (mobile):		
Post code:	e mail:		

HEALTH INFORMATION:	Please provide answer in space provided:
Are there any medical conditions or disabilities which we should be aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details:	



A Derby City Council Project

MEDICAL CONSENT:	
Do you consent to your child receiving emergency medical treatment in an emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you consent to your child receiving first aid treatment including application of plasters?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Your child/guard will be taking part in various activities which could include physical activity, healthy eating, beauty sessions, etc. If there are any specific activities you would not like your child to participate in, please state here:	

I give permission for Movement youth project	(name of child) to take part in the
Signed:	Date:

I give permission for minibus or public transport when necessary and photographs (video and stills) to be displayed or used for media coverage, including social network sites. (Delete where applicable)	(name of child) to be transported by car,
Signed:	Date:

Have you used Derby City Council leisure centre gyms in the last 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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To be completed by Leisure Centre Staff:	
Membership number:.....	Card issued by:.....
Card issue date:.....	
Date entered on system:.....	By:

DERBY ACTIVE PRIVACY NOTICE

We collect your personal data when you make a booking, take out a membership or request information from us. This is in order to fulfil your booking/membership; to contact you about any important changes to your booking/membership; and to inform you about our services and activities, by email, post and phone. Your personal data is also processed by our booking system suppliers and email & mail distribution services. Data may be shared with other selected organisations that use this to analyse patterns of attendance for national and regional research or monitoring purposes - a full list of these can be found in our privacy notice at inderby.org.uk/privacy, along with further information about how your personal information will be used. You can request a hard copy from inderby@derby.gov.uk

