



PLAYER REGISTRATION FORM Summer 2011

First Name		Surname	
Address			
Postcode			
E mail address			
Gender	Female	Date of birth / age	
Telephone Number(s)	Daytime		
	Evening		
	Mobile		
	Emergency Contact name(s) and no(s)		

BOOKING INFORMATION			
Sport/Activity		Venue	
Start date		End date	
Time		No. of Weeks	

CONTACT AND MEDICAL INFORMATION (we request this information to ensure the safety of your child at Durham High School for Girls Sessions)	
Parental Consent: <i>I grant full authority to the Durham High School for Girls coaching staff to act 'in loco parentis' in respect of my child during her attendance at the programme and give full permission for my child to access the provided transport (if required). I also grant permission for photographs of my child to be taken and used for promotional purposes.</i>	
Parent/guardian Signature	
Please print name	
Who is authorised to collect your child from Durham High School for Girls sessions?	
Medical conditions that the coaching staff should be aware of:	

ETHNIC GROUP/ORIGIN			
What is your ethnic group? Choose one from the following sections and then tick the appropriate box.			
W White			
<input type="checkbox"/>	W1 British	<input type="checkbox"/>	W2 Irish
<input type="checkbox"/>	W3 Any other white background (please specify)		
D Dual			
<input type="checkbox"/>	D1 White and Black Caribbean	<input type="checkbox"/>	D2 White and Black African
<input type="checkbox"/>	D3 White and Asian		
<input type="checkbox"/>	D4 Any other mixed background (please specify)		
A Asian or British Asian			
<input type="checkbox"/>	A1 Indian	<input type="checkbox"/>	A2 Pakistani
<input type="checkbox"/>	A3 Bangladeshi		
<input type="checkbox"/>	A4 Any other Asian background (please specify)		
B Black or Black British			
<input type="checkbox"/>	B1 Caribbean	<input type="checkbox"/>	B2 African
<input type="checkbox"/>	B3 Any other Black background (please specify)		
C Chinese or other ethnic group			
<input type="checkbox"/>	C1 Chinese		
<input type="checkbox"/>	C2 Any other (please specify)		

DISABILITY			
The Disability Discrimination Act 1995 defines a disabled person as anyone with “a physical or mental impairment, which has substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities”.			
Do you consider your child to have a disability?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the nature of your disability?			
VI	Visual impairment	<input type="checkbox"/>	HI Hearing impairment <input type="checkbox"/>
PD	Physical disability	<input type="checkbox"/>	LD Learning disability <input type="checkbox"/>
MD	Multiple disability	<input type="checkbox"/>	O Other (please specify) <input type="checkbox"/>

SPORT INFORMATION			
Does the child/young person belong to any sports club/s in the community (not an in or after school club)?			Yes / No
If Yes which one/s?			
Current School Attended	Not Applicable	School Year	

FURTHER INFORMATION

If you do not wish to receive further information on Durham High School for Girls activities and other sporting activity please tick here:

The information in this document will remain confidential and contact details will not be supplied to any other party. The form will only be used by Durham High School for Girls, Durham Sport and Sport England

Cancellation Policy

If you cancel your booking within 1 week of the activity you will be billed for the full cost of that session.

If you cancel your booking within 2 weeks of the activity you will be billed for 75% of the full cost of that session.

If you cancel your booking within 3 weeks of the activity you will be billed for 50% of the full cost of that session.

If you cancel your booking within 4 weeks of the activity you will be billed for 25% of the full cost of that session.

Cancellations with more than 4 weeks remaining until activity will incur no charge.

Signed _____ (parent, guardian, carer)

Date _____

Thank you for your cooperation in completing and returning this form.

PLEASE CALL THE DURHAM HIGH SCHOOL FOR GIRLS MULTI SPORTS COACH (0191) 3843226 OR E-MAIL (a.woodward@dhsfg.org.uk) WITH ANY ENQUIRIES REGARDING THIS FORM OR THE ACTIVITY