



S Factor Academy Registration Form

CHILD/YOUNG PERSON'S NAME

FORNAME:

SURNAME:

D.O.B:

Age:

School Year

Gender:

M

F

NAME OF PARENT/CARER

EMAIL ADDRESS OF PARENT/CARER/ATHLETE (16+)

FULL ADDRESS

POST CODE:

EMERGENCY CONTACT DETAILS

Name:

Tel:

Email:

Name:

Tel:

Email:

Optional questions:

ETHNICITY:

White

Mixed

Asian

Black

Other

PLEASE DETAIL OTHER:

PLEASE STATE ANY KNOWN HEALTH PROBLEMS/DISABILITY/MEDICATION

PLEASE LIST YOUR INTERESTS AND SKILLS

WHERE DID YOU HEAR ABOUT S FACTOR

WHO IS YOUR LANDLORD I.E:L&Q, HYDE

SIGNATURE OF PARENT/ CARER

Date:

PHOTOGRAPHY/FILMING

To help promote and evaluate our activities, we may use video filming and photography which is used in publicity, press and promotion. S Factor Academy will ensure that images are not accompanied by names or other details that could identify individual children or young people.

Please delete as appropriate

I **do/do not** give permission for my child to be filmed or photographed during this activity as described above.

Thank you for signing up to this activity. Your answers are confidential. S Factor Academy will find this personal data useful for monitoring the success of our programs, to help in planning future sports activities for children and young people, and we would like to be able to send you details of further sports opportunities that may be of interest. We will not pass this information to any third-party or use it for any other purpose. We will collect and process all personal data in line with the Data Protection Act 1998.