



Sports and Life Skills

Here to make a difference

SLS- Registration Form 2018

Surname: _____

First Name: _____

Full Address:

Borough: _____

Age: _____ **D.O.B :** _____

Gender: _____

Medical Info - (please circle your answer)

Does your child have a disability? YES/NO.
If yes give details.

Does your child suffer from asthma or allergies?
YES/NO. If yes give details.

Any other relevant information we may need to know
(e.g. medication, behaviour or other)

Photo Consent - (please circle)
I give / I do not give consent for my child
being filmed or photographed for the purpose of
tournaments and promotional use.

Ethnic Monitoring –

Please circle the appropriate box under the headings.

WHITE	MIXED	ASIAN or ASIAN BRITISH	BLACK or BLACK BRITISH	CHINESE/ OTHER GROUP
British	Black & White Caribbean	Indian	Caribbean	Chinese
Irish	Black & White African	Pakistani	African	Filipino
Turkish/ Turkish Cypriot	Asian & White	Bangladeshi	Other Black background	Vietnamese
Greek/ Greek Cypriot	Other mixed background	Other Asian background		Other Ethnic background
Kurdish				
Any other White background				

Parent/ Carer details

Surname: _____

First Name: _____

Contact number: _____

Signature:

Date: