

# Booking form

First name:  Surname:

Address:

Postcode:

Home phone:  Contact no. during the course:

Date of birth:  Age:  Male  Female

Name of school attended:

My child is in good health and I consider them to be capable of taking part in the activity booked

Please state any medical conditions:

If you do not wish to receive information by email on future events please tick

Email address:

Please note that to assist with future promotions/publicity, official photographs may be taken during these events. If you do **not** wish to be photographed at all please tick

## Course details

Date	Time	Activity	Venue	Code*	Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Leisure Card: Yes  No  Leisure Card No.:

I enclose payment of £  by cheque payable to LBRUT

Please debit my Access/Visa/Maestro Card £

Name on Card:

Card No.:      Expiry date:

Start date.(Maestro):  Issue No.(Maestro):  Security code:

## Parental Information

Parents/guardians are strongly advised to provide a telephone number at which they may be contacted, in particular when urgent medical or dental treatment may be necessary as advised by a qualified medical doctor. Parents/guardians who are willing to allow emergency medical or dental treatment to be given to their children when necessary should complete and sign below. Every effort will be made to contact parents/guardians in an emergency.

Parent/guardian's name  Emergency phone no.

Signed (parent/guardian)  Date

Code\* - Refers to Tennis courses only

**Ethnicity** - in order to ensure that we are reaching all areas of the community it would be helpful if you could complete the following:

- A White  British  Irish  Eastern European  
 Any other White background, please specify.....
- B-Mixed  White and Black Caribbean  White and Black African  White and Asian  
 Any other Mixed background, please specify.....
- C Asian or Asian British  Indian  Pakistani  Bangladeshi  Afghan  
 Any other Asian background, please specify.....
- D-Black or Black British  Caribbean  African  
 Any other Black background, please specify.....
- E-Other ethnic background  Chinese  Vietnamese  Middle Eastern  
 Gypsy/Traveller/Romany  Any other ethnic background, please specify.....
- Disability** Do you consider yourself to have a disability?  No  Yes  
 physical impairment  sensory impairment  mental health condition  
 learning disability/difficulty  long standing illness or health condition (cancer, HIV, diabetes, epilepsy)  other please specify.....
- Gender**  female  male
- Age**  under 16 years  16 to 30 years  31 to 49 years  50 to 64 years  65+ years
- Language spoken** - please specify.....
- Religion** -  Christian  Buddhist  Hindu  Jewish  Muslim  Sikh  
other, please specify.....

**Data Protection**

For full details of Richmond Council's Data Protection Policy please visit [www.richmond.gov.uk](http://www.richmond.gov.uk)

If you do not want to receive information about offers, activities and events from the Sports and Fitness Services Section of Children's Services and Culture, please tick

If you do not wish to be contacted by the Sports and Fitness Services Section of Children's Services and Culture for research purposes (excluding research or surveys the Council is required to conduct) please tick

**Please contact us if you need this leaflet in Braille, large print, on audio tape or in another language.  
Phone: 020 8891 7500, Minicom number: 020 8891 7539.**

**If you have difficulty understanding this leaflet please visit reception at the address below, where we can arrange a telephone interpreting service.**

اگر در فهمیدن این نشریه مشکلی دارید لطفاً به میز پذیرش  
در آدرس قید شده در زیر مراجعه نمایید تا ترتیب ترجمه  
تلفنی برایتان فراهم آورده شود:  
Farsi

إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في  
العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية  
هاتفية.  
Arabic

Children's Services and Culture  
London Borough of Richmond upon Thames,  
1st Floor, Regal House, London Road,  
Twickenham, TW1 3QB

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ  
ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲਬਾਤ  
ਕਰਨ ਲਈ ਇੰਟਰਪ੍ਰਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।  
Punjabi

[www.richmond.gov.uk/liveitup2009](http://www.richmond.gov.uk/liveitup2009)