

# Sport & Fitness Services Booking Form



Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_ School attended: \_\_\_\_\_  
Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_  
Email\*: \_\_\_\_\_ (Mobile): \_\_\_\_\_

I am/my child is in good health and I consider myself/them to be capable of taking part in the activity booked

\*If you **do not** wish to receive, via e-mail, information on future offers, activities or events from the Sport & Fitness Services Section of the Education, Children's & Cultural Services Department, please tick this box

## Course / Activity Details

| Date(s) | Time  | Activity / Code | Level / Duration | Price   |
|---------|-------|-----------------|------------------|---------|
| _____   | _____ | _____           | _____            | £ _____ |
| _____   | _____ | _____           | _____            | £ _____ |
| _____   | _____ | _____           | _____            | £ _____ |
| _____   | _____ | _____           | _____            | £ _____ |

## Course / Activity venue

Shene Sport & Fitness Centre  Teddington Sports Centre   
Whitton Sport & Fitness Centre  Hampton Sport & Fitness Centre   
Teddington Pools & Fitness Centre  Orleans Park Sports Centre

## Payment Method

Leisure Card (or Leisure & Youth Card) Number (if applicable): LBR \_\_\_\_\_

I enclose payment of £ \_\_\_\_\_ by cheque payable to LBRUT.

If you wish to pay by debit / credit card please do so in person at your chosen centre.

Please DO NOT send cash in the post.

## Parental Information

### Parent/Guardian Details:

Parent/Guardians Name (Block Capitals): \_\_\_\_\_

Emergency Contact Number(s): \_\_\_\_\_

### Child's Medical Details:

Please state any medical conditions: \_\_\_\_\_

Please state any medication, allergies or dietary requirements your child may have: \_\_\_\_\_

### Doctors details:

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

**I agree that my child can participate in the booked activity(s):**

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardians are strongly advised to provide a telephone number or numbers at which they may be contacted in case of an emergency, 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 the form below. In all cases the Event Organisers/Local Authority representatives will always make every

**Please ensure you complete both sides of this Booking Form**

reasonable effort to contact parents/guardians in an emergency.

**Consent Statement** - My child is in good health and I consider them capable of taking part in the activity booked. I have completed the medical details and consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I also understand that while Local Authority personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child.

**Photography** - Please note that to assist with future promotions/publicity, official photographs may be taken during the activities. These photographs may be used for official Education, Children's & Cultural Services Department publications or in the media.

If you **DO NOT** wish your child's picture to be published, please tick this box   
If you **DO NOT** wish your child to be photographed AT ALL please tick this box

## 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 Sport & Fitness Services Section of the Education, Children's & Cultural Services Department, please tick

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

## Equality & Diversity Monitoring

In order to monitor the effectiveness of our sports and fitness programmes and to ensure that we are reaching all areas of the community as specified in our Diversity & Equality Policy, it would help us if you could complete the section below. This information will be used for monitoring purposes only.

**Gender:**  Male  Female

**Age:**  Under 16  16-30  31-49  50-64  Over 65

**Ethnicity:**

**White**

British  Irish  Eastern European  
 Any other White background, please specify \_\_\_\_\_

**Mixed**

White & Black Caribbean  White & Black African  White & Asian  
 Any other Mixed background, please specify \_\_\_\_\_

**Asian or Asian British**

Indian  Pakistani  Bangladeshi  Afghan  
 Any other Asian background, please specify \_\_\_\_\_

**Black or Black British**

Caribbean  African  Any other Black background, please specify \_\_\_\_\_

**Other Ethnic Background**

Chinese  Vietnamese  Middle Eastern  Gypsy / Traveller / Romany  
 Any other ethnic background, please specify \_\_\_\_\_

**Language:** Please specify which language you speak \_\_\_\_\_

**Disability:** Do you consider yourself to have a disability?  Yes  No

If yes, please specify:

Physical impairment  Sensory impairment  
 Mental health condition  Learning disability/difficulty  
 Long-standing illness/health condition such as cancer, HIV, diabetes, chronic heart disease, epilepsy etc.  Other please specify \_\_\_\_\_

**Religion:** Please answer if appropriate, in order that we can assess needs requirements for service provision:

Christian  Hindu  Jewish  Buddhist  Muslim  Sikh  No faith/belief  
 Other, please specify \_\_\_\_\_

Please ensure you complete both sides of this Booking Form