

## PARTICIPANT REGISTRATION FORM

(For those under 16 years old, a parent or guardian will need to complete this form)

**(PLEASE COMPLETE BY USING BLOCK CAPITALS)**

### PARENT/GUARDIAN DETAILS

PARENT/GUARDIAN TITLE	Dr <input type="checkbox"/> Master <input type="checkbox"/> Miss <input type="checkbox"/> Mme <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Sister <input type="checkbox"/>
PARENT/GUARDIAN FORENAME*	
PARENT/GUARDIAN SURNAME*	
PARENT/GUARDIAN ADDRESS	
	POSTCODE:
HOME PHONE NUMBER	
MOBILE PHONE NUMBER	
EMAIL	
SIGNATURE	_____

### APPLICANT DETAILS

TITLE	Dr <input type="checkbox"/> Master <input type="checkbox"/> Miss <input type="checkbox"/> Mme <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Sister <input type="checkbox"/>
FORENAME*	
SURNAME*	
GENDER*	
DATE OF BIRTH (DD/MM/YYYY)	
ETHNICITY	<b>White</b> - English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveler <input type="checkbox"/> Other White background <input type="checkbox"/> <b>Mixed/multiple ethnic groups</b> – White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/> <b>Asian/Asian British</b> – Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> <b>Black/ African/ Caribbean/ Black British</b> – African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean background <input type="checkbox"/> <b>Other Ethnic Group</b> – Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> <b>Prefer not to say</b> <input type="checkbox"/>
DISABILITY	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, WHAT TYPE OF DISABILITY DO YOU HAVE?	Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Dexterity <input type="checkbox"/> Learning or understanding or concentrating <input type="checkbox"/> Memory <input type="checkbox"/> Mental Health <input type="checkbox"/> Stamina or breathing or fatigue <input type="checkbox"/> Socially or behaviorally <input type="checkbox"/>
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT NUMBER	

HOW DID YOU HEAR ABOUT US?	
CURRENT ACTIVITY LEVEL	On average, I exercise ____ time(s) each week. (0-7)

### APPLICANT CONTACT INFORMATION

ADDRESS	
	POSTCODE:
TELEPHONE HOME	
TELEPHONE MOBILE	
EMAIL	

### AGREEMENT

I understand that I participate at my own risk	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that if I have any medical conditions that may affect my ability to exercise or I am taking any kind of medication, then I should seek medical advice before joining the programme	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to inform the instructors of any such medical conditions prior to exercising, and to bring any required medication with me when participating	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to the data protection policy outlined at the bottom of this page	Yes <input type="checkbox"/> No <input type="checkbox"/>

Your personal data you give us on the registration form will be held and used in accordance with the Data Protection Act 1998. Information on Newcastle City Councils Data Protection Policy can be found here: <https://www.newcastle.gov.uk/your-council-and-democracy/open-data-and-access-to-information/data-protection/our-data-protection-policy>