



Enrolment/Registration Form

Please answer all the questions.

The form will only be used by Sports Development, BwDBC and will not be used to send unsolicited mail etc....



Please tick relevant box below to indicate which days/sessions you would like your child to attend:

Week 1	Mon 4 th April		Tues 5 th April				Thurs 7 th April		Fri 8 th April	
	AM	PM	AM	PM			AM	PM	AM	PM
At Witton Park Arena										
Week 2	Mon 11 th April		Tues 12 th April		Wed 13 th April		Thurs 14 th April		Fri 15 th April	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
At Witton Park Arena										
At Pleckgate High School										
Week 3	Mon 18 th April		Tues 19 th April		Wed 20 th April		Thurs 21 st April		Fri 22 nd April	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
At Witton Park Arena										
At Pleckgate High School										

Beez Card Number: _____

Child's Name: _____

Male / Female

Address: _____ Postcode: _____

Email: _____

Telephone Number(s): _____ (mobile) _____

School attended _____ Year: _____

Age: _____ Date of birth: _____

EMERGENCY CONTACT AND MEDICAL INFORMATION

Name of Parent/Guardian/Carer: _____

Contact number of Parent/Guardian/Carer: _____

Please detail any medical conditions (including allergies or broken bones) that we should be aware of: _____

Do you consider your child to have a disability? Yes/No If yes - What is the nature of the impairment?

Physical impairment	Visual impairment	Learning difficulty
	Other, Please specify	

CONSENT STATEMENT

My son / daughter / ward is in good health and I consider them capable of taking part in multi sports/mini games and competitions. I have completed the medical details and consent that in the event of any illness / accident, a suitably qualified person can administer any necessary treatment to my son / daughter / ward. I also accept that there are risks associated with sports events and that every precaution to minimise those risks has been taken.

I consent to BwDBC to take photographs of my son / daughter to use these images for the purpose of promoting healthy physical activity within the Borough.

At the end of the session my child will be:

 Child to be collected Child to make their own way home

*please note children under the age of 12 years will need to be collected and will not be allowed to make their own way home. It is preferred that all children are collected.

Signed: _____ (Parent, Guardian, Carer) Name: _____ Date: _____

Thank you for co-operation in completing this form. Please return this form to:

Sports Development Team – Blackburn with Darwen Borough Council

Witton Park Arena, Witton Park, Blackburn, BB2 2TP

sportsdevelopment@blackburn.gov.uk