



## Participant Registration Form

As part of the funding that allows us to support this activity, we are required to gather this information to help analyse our impact. It also helps coaches to provide high quality sessions with suitable support.

We will always store your personal details securely. We'll use them to provide the service that you have requested and communicate with you in the way(s) that you have agreed to. For full details see our GDPR Policy: <https://www.accesssport.org.uk/gdpr>

**First Name** .....

**Last Name** .....

**Date of Birth** .....

**Postcode** .....

<b>Participant Ethnic Origin</b>	Asian/Asian British/Asian Other	
	Black/Black British/ Black African/ Black Caribbean	
	Mixed/Multiple Ethnic Background	
	White/ White British/ White Other	
	Prefer not to say	
	Prefer to self-describe as:	

<b>What gender do you identify as?</b>	Male (including transgender male)	
	Female (including transgender female)	
	Non-Binary	
	Prefer not to say	
	Prefer to self-describe as:	

<b>Does the participant have difficulty with any of the following areas? (please tick all that apply)</b>	None	
	Moving around including walking and running	
	Using your hands for writing or to pick things up	
	Seeing and using your eyes	
	Hearing and using your ears	
	Speaking and communicating	
	Breathing (for example asthma)	
	Difficulty learning new things	
	Attention differences (for example ADHD)	
	Social and or communication differences (such as autism)	
	Reading or writing (for example dyslexia)	
	Using numbers (for example dyscalculia)	
	Co-ordination (for example dyspraxia)	
	Your mental health and how you feel	
Regular pain and/or discomfort		
Affects your health for a long time (for example a long-term health condition)		

Prefer not to say	
Affects you in another way, Please state:	

**Emergency contact name and number** .....

**Please provide further details and/or medical conditions that we should be aware of to best support the participant**  
 For example: Communication preferences e.g. makaton, BSL, non-verbal; Mobility aids used e.g. wheelchair, crutches; sensory needs, interests or triggers.

**In the past week, on how many days have you done a total of 60 minutes or more of physical activity, which was enough to raise your breathing rate?**

**This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places. Include physical activity in and out of school/college and as part of your job etc.**

0	1	2	3	4	5	6	7

**Media/ Photo Consent**  
 I give permission for images/footage to be taken of me whilst taking part. I understand that the images/footage may be used to promote the work of Access Sport and the partner club, for example on our website, social media or in authorised publications

I give permission as the parent/carer/guardian (under 18 only)	Yes	
	No	
I give permission as the participant (over 18 only)	Yes	
	No	

If you would like to sign up to the Access Sport Newsletter for updates on the latest inclusive sport and physical activity opportunities, then please provide your email address.

**Email:** .....