# 

## Participant Information Form

**Facility *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

#### 1. Participant Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Male** | **Female** |
| **Home Address:** |  |  |  |
|  |  | **Post Code:** |  |
| **Tel No:** |  | **Date of Birth:** |  |
|  |  |  |  |

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### 2. Emergency Contact Details

*(Please provide the details of a relative or friend that we may contact in an emergency if you are unavailable)*

**Name:**

**Address:**

**Post Code:**

**Tel No: (home)** **Tel No: (work)**

**Relationship to participant:**

**3. Do you have a disability? Yes No**

**If yes please provide details of the disability including any assistance which your child may require**

##### 4. Do you suffer from any medical condition(s) requiring medical treatment?

**Yes No**

##### If yes please specify the name of the medical condition e.g. asthma, epilepsy or diabetes.

5. Do you currently take any medication? Yes No

###### If yes please provide details of the medication

**6. Do you suffer from any allergies?** **Yes** **No**

*(e.g. allergies to food, drink, medication)*

**If yes please provide details of the type of allergy and the medication used to control the allergy**

7. Any other relevant information about you which you would

like to make the club aware of e.g. phobias, dislikes, dietary requirements

Photography Declaration (please read carefully)

I agree I do not agree

for myself to be photographed when participating in activities within the club, with the possibility of this being used in promotional material at a later date.

In the event of an emergency I consent to any emergency medical / dental treatment to include the use of anesthetics, that I may require prior to my arrival

**Signature: Print Name:**

**Date:**

DATA PROTECTION ACT 2018

THIS DOCUMENT IS CLASSIFIED AS PERSONAL DATA, WHICH WILL BE STORED AS A HARD COPY AND ONLY ACCESIBLE TO COACHES & COMMITTEE MEMBERS

WE ARE REQUIRED IN LINE WITH GENERAL DATA PROTECTION REGULATIONS (GDPR) TO OBTAIN THE EXPLICIT CONSENT OF PARTICIPANTS BEFORE PROCESSING, STORING & MAINTAINING SUCH INFORMATION.

FOR PURPOSES OF PUBLIC LIABILITY INSURANCE ARE REQUIRED TO REGISTER EACH MEMBER WITH THE NATIONAL GOVERNING BODY BADMINTON SCOTLAND, STORED ON THEIR GO MEMBERSHIP SYSTEM. ONCE REGISTERED WE WILL PROVIDE YOU WITH A USERNAME SO YOU CAN LOGIN TO UPDATE YOUR PROFILE.

BY SIGNING BELOW YOU ARE AGREEING TO SON/DAUGHTER TO BE REGISTERED WITH BADMINTONSCOTLAND AFTER THEY ATTEND 4 SESSIONS AT THE CLUB/ONCE YOU HAVE COMPLETED THIS FORM AND SUBMITTED PAYMENT FOR MEMBERSHIP OF £15.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_