



Participant Registration Form

1. Participant Contact Details:

Name: _____

Address: _____

Post Code: _____

Telephone: (Day) _____ (Evening) _____ (Mobile) _____

2. Gender: Male _____ Female _____

3. Do you have any medical Conditions? Yes _____ No _____

If yes, please give details:

4. Do you have a disability? Yes _____ No _____

If yes, please give details:

5. Over the last 12 months, would you say your health has been:

Good _____ Fairly Good _____ Very Good _____

6. In general terms how fit would you say you were? 1 – unfit. 5 – very fit

1 _____ 2 _____ 3 _____ 4 _____
5 _____

7. To which of these ethnic groups do you consider you belong :

White _____ Bangladeshi _____ Irish _____
Traveller _____

Indian _____ Chinese _____
Pakistani _____

Black African _____ Black Caribbean _____ Black (other) _____

Other ethnicity _____

I consent to being photographed and / or filmed for sporting purposes at All Saints GAC.

I understand that injuries may occur for which coaches, staff and volunteers are not directly responsible.



Signature: _____ Date: _____

Coach and Volunteer Declaration

I understand the nature of my role and responsibilities at

All Saints GAC.

I confirm that I have received a copy of the Induction Booklet outlining the Code of Conduct.

I have read and understood the Code of Conduct and I accept my responsibility to care for the children and young people with whom I come into contact.

Name: _____

Signature: _____