



Game On Wales Participant Registration Form

All Participants to Complete:

Activity:		Date:	
Participant Name:		Gender:	
Email:			
Postcode:		Date of Birth:	
Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Mixed <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say		
Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
Are you a current member of a football club:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state club name:		
Do you have any medical conditions / allergies:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please state, including any medication required e.g. inhaler:		
Emergency contact details (name and contact number):			
We may take group photos and/or film footage at our events, these will be shared on our social media accounts and website. If you are happy for your image to be taken <u>please tick here:</u>			<input type="checkbox"/>
We would like to be able to send you details of any further 'Game On' opportunities that may be of interest. If you wish to receive this information, <u>please tick here:</u>			<input type="checkbox"/>
This consent can be removed at any time by emailing gameonwales@coalfields-regen.org.uk :			

How we will use the information about you: The information about you will be used to deliver Game On, monitor the success of our programme and help us plan for future 'Game On' activities. Sensitive information is collected: for health & safety and to help ensure the programme is targeting the right people. Statistical data will be created from this information to support any future funding bids. We will pass on the statistical results to other organisations as well but will ensure that you cannot be identified from these statistics. Your details will be securely stored. Please see our Privacy Policy on our website for more information. We will not share your personal data with any third parties without your consent.

For Parent / Guardian of Children Under 13 To Complete:

To give consent for your child's personal data to be used in the ways detailed above, please tick here:
Please note this consent can be removed at any time.

Parent / Guardian Name: _____
Parent / Guardian Signature: _____

Office Use: Has an ID check been performed? Yes No