

**WANDSWORTH LEISURE AND SPORT SERVICES**  
**Activities Consent Form**

**PARTICIPANT'S DETAILS**

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male:  Female:   
NAME (of parent/ guardian if participant under 18): \_\_\_\_\_  
PARTICIPANT ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
POST CODE: \_\_\_\_\_ TEL 1: \_\_\_\_\_ TEL 2: \_\_\_\_\_  
ETHNIC BACKGROUND:  
White  Black/ Black British  Asian/ Asian British  Mixed  Chinese  Other: \_\_\_\_\_

**MEDICAL HEALTH INFORMATION**

Please indicate below if you or your child is affected by an illness or injury that might affect your/their sporting activity, or a disability, which you think, should be brought to our attention:

Asthma:  Diabetes:  Epilepsy:  Heart conditions:  if so details: \_\_\_\_\_  
Allergies:  Please give details: \_\_\_\_\_  
Other medical conditions: \_\_\_\_\_  
Are you or your child on any medication/s: If so what and until when?: \_\_\_\_\_  
Name of Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_  
Person to contact in case of an emergency (other than home contact): \_\_\_\_\_  
Tel: 1 \_\_\_\_\_  
Tel 2: \_\_\_\_\_  
Does the participant have a recognised disability: Yes  No  If yes please provide details.  
Visual  Learning  Hearing  Physical  Details: \_\_\_\_\_

**ACTIVITY INFORMATION**

Activity Name: \_\_\_\_\_ Time \_\_\_\_\_  
Date/s/Days: \_\_\_\_\_ Program Code: \_\_\_\_\_

**PARTICIPATORY CONSENT:**

I, the undersigned, have understood the purpose of the above information, and give my consent for myself or my child to take part in sporting activities organised by Wandsworth Leisure and Sports Service. I have completed the necessary medical details and consent that in the event of any illness or accident, any necessary treatment can be administered. I understand that while the sports coaches and personnel will take every reasonable precaution to ensure that accidents do not happen, they cannot be held responsible for any loss, damage or injury involving, or suffered by, myself or child.

I agree to abide by the policies and directives of the Wandsworth Leisure and Sports Service, its staff and agents throughout the entire programme, and understand that if I do not, I may be required to leave the session. I will not be allowed to return unless agreed to by all relevant parties.

Please note that to promote sporting activities, official photographs may be taken. The photographs may be used for official publications promoting activities. If you do not wish to have your child's picture published, please tick this box.

If you do not wish for your child to leave a session without an adult, please tick the box

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_