CP Sport Registration Form

**­­­­­­­Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Details:**

Mr Mrs Ms Miss Other

Full Name:

Address:

Post Code:

Tel No.:

Date of Birth:

Age:

Email:

CP Sport Membership No.:

Swimming Club (if any):   
  
**Parent / Guardian / Emergency Contact:**

Mr Mrs Ms Miss Other

First Name:

Surname:

Emergency phone no:

Email:

**How did you find out about this event?**

**Medical Details:**

Do you have cerebral palsy? Yes No

Please indicate if you have any medical conditions or any other special requirements we should be aware of e.g. asthma, allergies, epilepsy.

**Mobility:**

Ambulant Frame Cane/Crutches

Wheel Chair Power Chair

I give permission for the named participant to take part in this CP Sport event. In the event of an accident or emergency, I give permission for any immediate treatment deemed necessary by a qualified first aider/medical practitioner.

**Would you like to receive regular e-mail updates through our CP Sport newsletter?**

Yes No

**Participant signature   
(parent/guardian if under 18 years)**

**Date:**

**­­­­­­­**

**Event Selection**

Max 3 events, please tick:

10m Front 🞏 10m Back 🞏 10m Breast 🞏 10m Butterfly 🞏

25m Freestyle 🞏 25m Back 🞏 25m Breast 🞏 25m Butterfly 🞏

50m Freestyle 🞏 50m Back 🞏 50m Breast 🞏 50m Butterfly 🞏

**Support / aid required**

Hoist required for entry / exit to or from the pool – **Yes / No** (please delete as required)

Please list any aids required in the water e.g. woggle/arm bands .............................................................................................................................................................................................

Will a parent/ carer be assisting from the water (please note this can only be support, where required, not any help with propulsion)? If yes please give name of person assisting in the water **Yes / No** ……………………………………………………………

Please let us know any other requirements ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Event: Registration Fee:**

**Membership details**

**Why not take advantage of our membership scheme?**

**Already a member – Enter Membership Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To benefit from CP sport members discount I wish to apply for: (please √ appropriate box)

**Annual Membership – Adult Member £15**

**Annual Membership – Junior Member (19 yrs and under) £10**

**Payment** should accompany the application form (please tick you selected method of payment)

* I wish to pay by BACS transfer:

For payments by BACS please enter your Surname as the payment reference. Please transfer the correct amount to:

Account Name: **C P SPORT** Sort Code: **30-95-42** Account Number: **58689468** Name of Bank: **Lloyds**

* I wish to pay by Credit/ Debit card (there will be a 2.4% surcharge on all payments by credit card)

**Card Type:** Credit / Debit (delete as appropriate) **Card Number:**

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**Card Start Date:** \_ \_ / \_ \_ **Card End Date:** \_ \_ / \_ \_ **Issue Number (Switch card only):** \_ \_

**Card Security Number:**  **(last 3 digits on signature strip)**

**Cardholder’s name and contact details (if different from participant name above):**

**Name: ………………………………………......... Address: …………………………………………………**

**………………………………………………………………………...... Post Code: ……………………………**

**Email: …………………………………………………………………. Telephone: ……………………………**

**Signature: ……………………………………………………………. Date: ……………………………………**

**­­­ Donations**

*Cerebral Palsy Sport relies on the kindness of people like you to help fund a programme of sporting events and activities for children, young people and adults with cerebral palsy. If you would like to make a donation to support more people with cerebral palsy to reach their potential through sport please tick box and state amount you would like to donate. Thank you.*

*I would like to help by donating £…………… to Cerebral Palsy Sport****.*** *I understand that I must have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & Community Amateur Sports Clubs (CASCs) I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that CP Sport will reclaim 25p of tax on every £1 that I give. If a UK taxpayer please tick here.*



**Photographic/Media Consent Form**

Dear Participant / Parent / Guardian,

**Thank you for helping us.**

At Cerebral Palsy Sport we produce a variety of different materials which we use to inform people, charitable trusts and other relevant organisations about the work that we do. Occasionally these materials will include photographic images or videos of participants, the surrounding areas and on occasion parents and guardians. We use these materials to enhance our promotions and to illustrate the variety of work we achieve.

We also use images from our events on our website, through our social media channels, such as Facebook and Twitter (these will only ever be used by the official Cerebral Palsy Sport accounts), and in leaflets and other promotional materials which may include our printed publications; adverts; audio visual and electronic materials; media work; display materials; social media and any other media we may use in the future.

From time to time we may also allow use of photographic images and videos by third parties. These third parties will only be those with an official association with Cerebral Palsy Sport, such as a corporate partner or funder.

Please complete the form below, selecting carefully how you give your consent, to enable us to use these images and any personal information you supply alongside the images (such as a name, age and disability) to actively promote the work of Cerebral Palsy Sport.

The images will not be used for any other purpose.

|  |  |
| --- | --- |
| I consent to the use of photographic images or video footage for use by Cerebral Palsy Sport only | Yes / No |
| I consent to the use of photographic images or video footage for use by third parties officially associated with Cerebral Palsy Sport | Yes / No |

|  |
| --- |
| **Please state here if there are any ways in which you do NOT want us to use photo(s) of you:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** or type if emailed |  | **Date** |  |

**Data protection statement**

Other than as specified above, the information that you give us here will only be used to contact you about these photo(s). We will not pass the details recorded on this form on to any other organisation without your permission.