

THIS FORM MUST BE COMPLETED IN BLOCK CAPITALS BY THE PARTICIPANTS AND THEIR PARENTS IF UNDER 18.

<b>Full Name:</b> .....	<b>Team :</b> .....
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<b>Date Of Birth:</b> ____ / ____ / ____	<b>Age:</b> ____	<b>Telephone No:</b> .....
<b>Address:</b> .....		<b>Emergency Contacts:</b>
.....		Name: .....
.....		Telephone: .....
<b>Post Code:</b> .....	Mobile: .....	

Do you suffer from any of the following and/or any other medical condition?

Epilepsy <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Allergies <input type="checkbox"/>	Health Problem <input type="checkbox"/>	Behavior Problem <input type="checkbox"/>	Other Conditions <input type="checkbox"/>
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<b>If yes please give details</b>	
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Ethnic Groups:

White <input type="checkbox"/>	Mix Race <input type="checkbox"/>	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Yemeni <input type="checkbox"/>
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bengali <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other <input type="checkbox"/>

**DECLARATION**

I hereby declare that the information I've given in this form is true and accurate to the best of my knowledge, I understand that taking part in Bright Future Association's activities will be at my own risk and Bright Future Association will NOT be under any circumstances liable for any losses, damages or injuries to me or to my belonging. I will obey to the rules & regulations of the organization and respect it's staff and volunteers during these activities, I know that the organisation has the right to dismiss me at any time from it's project - should I break any of its rules & regulations. I **agree/disagree** to be filmed and photographed by the Bright Future Association and its associated partners. Finally I declare that I am fit and in good health to take part in these activities.

<b><u>Participant's Signature:</u></b>	<b>Date:</b>
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**Parents/ Guardians Consent:**

I have read and understood the rules set out by the organization. My child is fit and healthy to take part in your sporting activities. I/we understand that Bright Future Association will NOT be liable for any injuries, losses or damages to my child. ( I **agree / disagree** ) that photographic and video footages may be taken of my child during the activities by Bright Future Association and its associated partners for advertising and/or to further promote the aims of the organisation.

<b><u>Parent/Guardian's Signature:</u></b>	<b>Date:</b>
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