

## APPENDIX T

### BRITISH TAEKWONDO COUNCIL STUDENT REGISTRATION FORM

<b>Name:</b>						<b>Gender:</b> Male / Female	
<b>Address:</b>							
<b>Postcode:</b>							
<b>Telephone Numbers:</b>		<i>Home</i>				<i>Mobile:</i>	
<b>Date of birth:</b>							
		<i>Day</i>		<i>Month</i>		<i>Year</i>	
				<i>Age</i>		<i>School Year</i>	

#### DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with “a physical or mental impairment that has substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities”.

**Do you consider yourself to have a disability?** Yes  No

**If yes, what is the nature of your disability?**

<b>VI</b>	Visual impairment	<input type="checkbox"/>	<b>HI</b>	Hearing impairment	<input type="checkbox"/>	<b>PD</b>	Physical disability	<input type="checkbox"/>
<b>LD</b>	Learning disability	<input type="checkbox"/>	<b>MD</b>	Multiple disability	<input type="checkbox"/>	<b>O</b>	Other (please specify)	

#### EMERGENCY CONTACT DETAILS

In case of an emergency during the activity, please could you write down a contact name and telephone number in addition to your own.

<b>Full Name:</b>							
<b>Telephone No:</b>	<i>Home:</i>			<i>Mobile:</i>			
<b>Relationship to participant:</b>							

#### SPORTS EQUITY MONITORING

The British Taekwondo Council is committed to promoting and developing sports equity in line with our Equity Policy and our Fair Play charter. By monitoring the profile of young people we can continue to develop programmes to include all young people in all of our activities.

**What is your ethnic group? Please TICK the most appropriate from the section below:-**

<b>W</b>	<b>White</b>	<input type="checkbox"/>	<b>W1</b> British	<input type="checkbox"/>	<b>W2</b> Irish
W3 Any other white background (please specify) _____					
<b>D</b>	<b>Dual</b>	<input type="checkbox"/>	D1 White and Black Caribbean		
<input type="checkbox"/>	D2 White and Black African	<input type="checkbox"/>	D3 White and Asian		
<input type="checkbox"/>	D4 Any other mixed background (please specify) _____				

<b>A Asian or British Asian</b>	<input type="checkbox"/> A1 Indian
<input type="checkbox"/> A2 Pakistani	<input type="checkbox"/> A3 Bangladeshi
<input type="checkbox"/> A4 Any other Asian background (please specify) _____	
<b>B Black or Black British</b>	
<input type="checkbox"/> B1 Caribbean	<input type="checkbox"/> B2 African
<input type="checkbox"/> B3 Any other Black background (please specify) _____	
<b>C Chinese or other ethnic group</b>	<input type="checkbox"/> C1 Chinese
<input type="checkbox"/> C2 Any other (please specify) _____	

### MEDICAL INFORMATION

Please tick if you suffer from any of the following:	Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Are there any other medical details you feel we should know about?						
<input type="checkbox"/> Please tick if you give consent for emergency medical treatment to be administered						

### CONSENT FROM PARENTS

My child is in good health and I consider him/her capable of taking part in the Active Sports Activity. I also understand that while coaches and Active Sports personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered to my child.

I am aware that photographs will be taken during the Tae Kwon Do training/events for promotional purposes, and give consent for my child to feature in such photos. (Please tick)

Parent/Guardian Name:	(please print)
(must be person with legal parental responsibility)	
Signature of Parent/Guardian:	
Date:	

*Information disclosed is protected under the Laws of the 1998 Data Protection Act*