

Crossgates Cougars Athletics Club, are delivering athletics on Wednesday's after school from 4.30 – 5.30pm

With fully qualified UK athletics coaches running each session, this is an opportunity not to be missed.

This is an athletics session, we are not offering a childcare service. The session will deliver a full range of different athletics disciplines from running and jumping to throwing and will suit most children who already do or would like to start participating in athletics. We welcome children of all abilities. Unfortunately, we can not offer one to one support, but would welcome and support a parent or carer attending with a disabled young athlete.

LEARN NEW SKILLS, not just for athletics but skills that can help you in a wide range of different sports

New athletes can just turn up. Parents will be asked to complete a registration form which includes emergency contact details and medical information.

First session starts on Wednesday 9th April 2008

We provide a safe and stimulating athletics environment where children can socialise and build new friendships, learn and play together.

FOR ADDITIONAL INFORMATION PLEASE CONTACT

Paul Moseley On 0113 3950162 or paul.moseley@leeds.gov.uk

PRICES: £1.70 per session or £1.30 (Breeze card)

To book a place, please return this Registration Form to:

**John Smeaton Leisure Centre
Barwick Road
Smeaton Approach
Leeds
LS15 8TA**

CROSSGATES COUGARS ATHLETICS CLUB - REGISTRATION AND CONSENT FORM

1. Venue: John Smeaton Leisure Centre. Please tick which day/s you are attending.			
Every Wednesday (term time only)			
2a. Participants Details			
Name:	Date of Birth:	Age:	
2b. Address:			
Post Code		School Name (if applicable)	
2c. Gender - please tick		Male <input type="checkbox"/>	Female <input type="checkbox"/>
2d. Do you have any long term illness, health problem or a disability? If YES, please state, e.g. learning disability / downs syndrome / cerebral palsy / etc. Please also provide any other additional information you feel necessary (e.g. wheelchair user / guide dog / etc.)			
2e. Medical Information please give details of any important medical information that our staff should be aware of (e.g. epilepsy, asthma, diabetes).			
3. Emergency Contact. (If participant is under 16 this must be completed by the legal Parent / Guardian).			
Name:	Relationship to child:	Tel (1):	Tel(2):
4. If Under 16, please detail your Child's arrangements for returning home.			
Will be collected by:		Will make their own way home <input type="checkbox"/>	
For Office Use Only:			
Date Application Received:	Receptionist Initials:	Fee: £	Receipt No:

5. Where did you find out about this course? Please tick all that apply to you.

Leisure Centre <input type="checkbox"/>	Website <input type="checkbox"/>	School <input type="checkbox"/>	Library <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Other <input type="checkbox"/>
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6. Are you a member of a Sports Club? Yes No

If Yes, what is the name of the Club?

7. Ethnic Origin please tick one (You do not have to complete this question but doing so will help us improve our service)

White	Mixed	Asian or Asian British	Black or Black British	Chinese or Other Ethnic Group
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any Other <input type="checkbox"/>
Other <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	
	Other <input type="checkbox"/>	Kashmiri <input type="checkbox"/>		
		Other <input type="checkbox"/>		

Declarations:
I undertake to inform a member of staff of any changes in the information provided on this form. I hereby agree that in the event of any costs incurred as a result of my child's misbehaviour, I will be liable to reimburse Leeds City Council, in full. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with the injury / illness appropriately.

Consent Statement:
I give consent for my child to take part in the above activity / activities and, having received and read the information provided, agree to their participation. I acknowledge the need for obedience and responsible behaviour on their part.

Data Protection:
The information you provide on this form will be held on computer and paper files. Leeds City Council, may from time to time send you information and offers about events and services provided by them for promotional purposes.
If you would like to receive such information please tick this box

If you give consent for your child to be photographed during the activities please tick this box
Photographs will be taken for the purpose of local newspapers and may be used in future promotional material.

Cancellation / Re-programming / Change in Activity:
Under exceptional circumstances, Leeds City Council reserve the right to change any details at short notice. No refunds will be given unless accompanied by a medical certificate.

This should be signed by the parent / guardian if the participant is under 16.

Print Name:	Relationship to child:
Signature:	Date:



Crossgate Cougars Athletics Club

Athletics

Starts 9th April

→ **Wednesdays**
4.30 – 5.30 pm*
*Term-time only

→ **8-12 yr olds,**
girls and boys

→ **Price:**
○ £1.70
○ £1.30 BreezeCard

→ **Experienced**
UK:athletics coaches

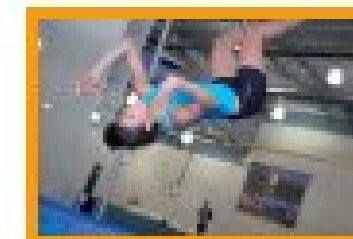
→ **Range of disciplines inc.**
running, jumping and
throwing.

New athletes

Please book and return a completed registration form to John Smeaton Leisure Centre.

Further info

Paul Moseley
Athletics Development Officer
0113 3950162
paul.moseley@leeds.gov.uk



Web:
www.leeds.gov.uk/johnsmeaton

