

Positive Futures Lennox Lewis Boxing Academy

**John Smeaton
leisure centre**

Every Thursday from October 6th

Age 11 – 16 years

Time 3pm – 4.30pm

Price Free

Sessions are non-contact and are open to anyone aged between 11 and 16 years.

For further information please contact
Patrick on 0113 2143482



ACTIVITY REGISTRATION AND CONSENT FORM

Course Code	Title of Course / Activity	Venue	Date of Activity
	John Smeaton Boxing	John Smeaton Leisure Centre	2011

2a. Participants Details

Name:	D.O.B	Age

2b. If the course applicant has a Breeze Card or a Leeds Card please give details of the card number in the following spaces, you can then go straight to section 2e.

Breeze Card or Student number																		Leeds Card Number																
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2c. Address:

Post Code											School Name (if applicable)
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2d. Gender - please tick	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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2e. 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.

2f. 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"/>
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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 Website School Library Newspaper Other

4. Are you a member of a Sports Club?

Yes

No

If Yes, what is the name of the Club?

6. 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 my child being returned early from the activity, or any costs incurred as a result of my child's misbehaviour, I will be liable to re-imburse 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 and that by returning this completed form I agree to my son /daughter taking part in the activity.

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.

I understand that some of the activities will be taking place at community Sports Clubs and that Leeds City Council cannot be made liable for any loss or injury caused to my child in my care whilst participating in activities at these Clubs. (Please tick if applicable)

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 The Department of Learning & Leisure 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 course/session please tick this box

Cancellation / Re-programming / Change in Activity:

Under exceptional circumstances, Leeds City Council reserve the right to change all or some of the above at short notice.

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

Print Name:

Relationship to child:

Signature:

Date: