

# ASPIRE BOXING CLUB

## Registration and consent form

**Confidentiality:** Details on this form will be held securely.

Personal information					
Name					
Preferred name					
Address/Telephone No					
Date of birth					
Ethnicity					
Education. e.g. Full time, Part time, Alternative provision					
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>
What is <b>[your/your child's]</b> first language and/or preferred type of communication?					
Are there specific things we need to bear in mind to support <b>[you/your child]</b> ?					
Are there any activities in which <b>[you/your child]</b> cannot participate?	No <input type="checkbox"/>	Yes – please give details. <input type="checkbox"/>			
Are there any practical things that have helped <b>[you/your child]</b> previously take part in sport or activities that would help us support <b>[you/your child]</b> here?					
Is there anything we need to understand about <b>[you/your child]</b> , so we can support you/them to take part?					

# ASPIRE BOXING CLUB

Personal information – parent or carer	
Name	
Relationship to child / young person	
Contact number(s)	
Email	

Personal information – second parent or carer (if applicable)	
Name	
Relationship to child or young person	
Contact number(s)	
Email	

Emergency contact's information (if different from above)			
Name of person to contact in an emergency		Relationship to you/ child or young person	
Contact number(s)			

Medical information		
Are there any specific medical conditions requiring medical treatment?	No <input type="checkbox"/>	Yes – please give details. <input type="checkbox"/>
Details of medication required (e.g. pills, inhaler)		
Are there any other medical conditions or disabilities to be aware of?	No <input type="checkbox"/>	Yes – please give details. <input type="checkbox"/>
Are there any allergies to be aware of?	No <input type="checkbox"/>	Yes – please give details. <input type="checkbox"/>

# ASPIRE BOXING CLUB

Are there any dietary requirements (including vegan / vegetarian)?	No <input type="checkbox"/>	Yes – please give details. <input type="checkbox"/>
--	--------------------------------	--

I confirm my registration – child / young person	
Signature	✕
Print name	
Today's date	

Declaration of consent – parent / carer	
Please tick the boxes below and then sign this form.	
<input type="checkbox"/>	I give my consent that if an emergency medical situation arises, the organisation / club may act <i>in loco parentis</i> for administration of first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances all reasonable steps will be taken.
<input type="checkbox"/>	I confirm that I/my child will make ourselves aware of England Boxing code of conduct for children and its anti-bullying policy. <a href="https://www.englandboxing.org/wp-content/uploads/2019/05/England-Boxing-Appendix-Code-of-Conduct.pdf">https://www.englandboxing.org/wp-content/uploads/2019/05/England-Boxing-Appendix-Code-of-Conduct.pdf</a> <ul style="list-style-type: none"> <li>• transport policy</li> <li>• changing-room policy</li> <li>• policies on photography, videoing, texting, and use of social media</li> </ul>
Signature	✕
Print name	
Today's date	