



REGISTRATION FORM

espritconcrete@gmail.com 07722851204

The information requested be for the safety and wellbeing of our clients, please answer all questions truthfully and accurately as possible. Please inform esprit concrete, in writing, if any changes occur to any of the information given.

CLIENT DETAILS (Please Complete in BLOCK CAPITAL letters)

Name			
Address			
Postcode			
Telephone number(s)	Landline:	Mobile:	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth	/ /	Age:	
Are you in:	<input type="checkbox"/> Full / Part Time Education	<input type="checkbox"/> Employment	<input type="checkbox"/> Training <input type="checkbox"/> None
School / College (if applic)			
Email Address			

ETHNICITY

What is your ethnic group? Choose one from the following sections and ✓ tick the appropriate box. Categories provided by the Home Office & CRE

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

REFERRAL INFORMATION

Please describe how you found out about esprit concrete?	
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MEDICAL INFORMATION

We do not exclude because of medical needs. However it is essential that we have full details in order to offer the best standards of care

Do you have? (Please tick ✓)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Condition
Are you currently being prescribed any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If YES please state details. i.e: times to be taken, dose etc)		
Have you been in contact with or had any contagious or infectious disease in the last four weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If YES then please give details:)		
Have you had a tetanus injection in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If YES then please give date:)		
Any other medical information, dietary needs or food allergies:				

GP CONTACT DETAILS

GP's Name	
Address	
Telephone	

DISABILITY

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick ✓)
Do you require one to one support / assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Please tick ✓)
If yes, what is the nature of your disability? (eg: Visual Impairment, Physical Disability, Multiple Disability, Hearing Impairment, Learning Disability or Other)		

EMERGENCY DETAILS

In case of an emergency during the activity, please could you write down two contact names, addresses and telephone numbers?

	Contact 1	Contact 2
Name:		
Address:		
Telephone - Home		
Telephone - Work		
Telephone - Mobile		

PARENTAL / GUARDIAN CONSENT & DECLARATION

I consent to the person named above participating in esprit concrete activities, as described above. I also consent to the person named above being escorted by esprit concrete to and from activities on the programme, by vehicle both public & private and as a pedestrian. I recognise that the accompanying staff will be responsible for their supervision and care as far as can be reasonably expected. I understand that they will not be constantly supervised. I acknowledge the need for mature and responsible behaviour of the person named above and I believe that this can be expected of them.

I agree to inform esprit concrete in writing, as soon as possible of any changes to medical circumstances of the person named above either prior to or during the programme. I agree that in an emergency esprit concrete or its representatives may authorise medical treatment for the person named above including anaesthetic, if it is not practicable to consult me first. I will indemnify esprit concrete and its representatives, agents & employees from any responsibility given to them, in relation to acting in loco-parentis in the case of medical emergencies only.

I agree to indemnify esprit concrete, its representatives, agents & employees, from all liabilities in relation to loss or damage suffered or caused by the person named above which result in other than negligence of esprit concrete or their representative or which result in the person named above failing to follow any reasonable instructions given to them.

I understand that photographs, audio and visual recordings of the participant engaged in esprit concrete activities may be used for promotional and materials, such as websites, local and national media and I hereby give my permission for this. If you do not wish to appear on any such materials, please ensure that you inform esprit concrete in writing.

I understand that the information given may be kept on a computer database, which will only be accessed by esprit concrete. I confirm that I agree with the above declaration and the information on this form is complete and accurate to the best of my knowledge.

Parent / Guardian Name _____ (Please Print)

Parent / Guardian Signature _____

Relationship to the person named above _____ (i.e Parent/Carer)

Date _____/_____/_____

(Please note that esprit concrete, its agents, employees and representatives cannot be held responsible for the loss or damage to participants property and the esprit concrete reserves the right to refuse participation of any person if there are concerns raised by the response on this form, especially if it is due to misbehaviour of the young person.)