



Colchester United Community Sports Trust

Community Inclusion - Parent Consent Form 2009/2010

This form is to be completed by the Parent/Guardian of any young person under the age of 18, in order for them to be able to take part in any Community Inclusion activities with CUCST.

Please complete this form in BLOCK CAPITALS

Young Persons Details;

First name:				Surname:			
Male:		Female:		Date of birth:		/	/

Address;

Home address:						
Postcode:				Telephone Number:		

Contact Details;

	Name:	Home Telephone	Mobile Telephone:
Emergency contact 1:			
Emergency contact 2:			

Current School attended;

School name;			
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Current School Year;

5's and under (up to reception year)		Year 6 (10-11 year olds)	
Year 1 (5-6 year olds)		Year 7 (11-12 year olds)	
Year 2 (6-7 year olds)		Year 8 (12-13 year olds)	
Year 3 (7-8 year olds)		Year 9 (13-14 year olds)	
Year 4 (8-9 year olds)		Year 10 (14-15 year olds)	
Year 5 (9-10 year olds)		Year 11 and over (15's and over)	

Ethnic origin of child;

A: White		B: Mixed		C: Black		
White British:		White & Black Caribbean		African		
White Irish		White & Black African		Caribbean		
Any other		White & Asian		Any other		
D: Asian		Any other				
Bangladeshi		E: Chinese				
Indian		Any Chinese background				
Pakistani		F: Any Other Ethnic Background		G: Prefer Not To Say		
Any other		Any other ethnic background		Prefer not to say		

CUCST Community Inclusion Sessions currently being attended by young person;

Day:		Time:		Venue:	
Day:		Time:		Venue:	
Day:		Time:		Venue:	
Day:		Time:		Venue:	

Does your child have any current medical conditions which may affect participation?

Yes:		No:		Details:	

Do you consider your child to have any special educational needs?

Yes:		No:		Details:	

Do you consider your child to have a disability?

Yes:		No:		Details:	

Can your child make their own way home? If not how will they make their way home?

Picked up:		Walk:		Other – please state:	

Please be aware that CUCST staff can only be responsible for your child during the time of the session. Please make arrangements for their safe journey to and from the session.

Please print your name below:

I _____ give permission for the above named child to participate in the CUCST Community Inclusion sessions and relevant activities.

I also support the Community Inclusion Code of Conduct and the reasons behind its use.

Signed:		Date:	
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A big part of our monitoring and evaluation process is to take photos at our sessions to report to our funders and also for our own promotional use.

Please sign below only if you **do not wish your child to be photographed during sessions.**

Signed:		Date:	
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Once completed, please return this form to a member of CUCST staff or post to the address below for the attention of David Streetley, Community Inclusion Manager

Form updated 23rd June 2009

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‘Changing Lives and Communities through Sport’