



Colchester United Community Sports Trust

Pan Disability - Player Details 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

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;

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	

Do you have any current medical conditions which may affect participation?

Yes:		No:		Details:	
Current medication					

Do you consider yourself to have any special educational needs?

Yes:		No:		Details:	

Do you consider yourself to have a disability?

Yes:		No:		Details:	

Please print your name below:

I _____ confirm that the details on this form are correct and wish 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 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 16th July 2009

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‘Changing Lives and Communities through Sport’