

OFFICE USE ONLY	
Membership number	
Photo consent	



Participant Information Form

FIRST NAME	
LAST NAME	
DATE OF BIRTH	
AGE	
POSTCODE	

GENDER	
Female	
Male	
Other, please state:	
Prefer not to say	

ETHNIC BACKGROUND	
Asian/ Asian British	
Bangladeshi	
Chinese	
Indian	
Pakistani	
Other, please state:	
Prefer not to say	
White	
English	
Scottish	
Welsh	
Irish	
Northern Irish	
British	
Gypsy	
Traveller	
Other, please state:	
Prefer not to say	

Black/ Black British	
African	
Caribbean	
Other, please state:	
Prefer not to say	
Mixed / Other	
Please state:	
Prefer not to say	

RELIGION	
Buddhism	
Christianity	
Judaism	
Hinduism	
Islam	
Sikhism	
No religion	
Other, please state:	
Prefer not to say	

Are you pregnant (person named on page 1)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Do you consider yourself to have a disability or a learning difficulty (person named on page 1)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Please provide further information:

EMERGENCY CONTACT	
Name	
Relationship to you	
Contact number	

Medical Profile

Are you recovering from a serious illness or surgery?	No		Yes	
Yes, please state.				

Are you currently taking any form of prescribed drugs or medication?	No		Yes	
Yes, please state.				

Do you have / ever had high blood pressure?	No		Yes	
If yes, please provide further information.				

Do you have epilepsy?	No		Yes	
If yes, please provide further information. i.e. type.				

Have you ever suffered from lung conditions? e.g. Asthma or Bronchitis	No		Yes	
If yes, please provide further information.				

Do you suffer from orthopedic conditions, joint pain or have back problems?	No		Yes	
If yes, please provide further information.				

Do you often feel faint or have dizzy spells?	No		Yes	
If yes, please provide further information.				

Do you have any allergies?	No		Yes	
If yes, please provide further information.				

Do you know of any reason why you should not exercise or that has exercise has an adverse effect on your health?	No		Yes	
If yes, please provide further information.				

How We Use Your Information

To comply with the current laws, we must tell you how we use this data and ask for your permission.

We will need to collect and record your personal information to be able to keep you and SSAT staff safe during our sessions. We may also use the data for statistical purposes, without identifying anyone to meet funding requirements.

The record of data will be stored electronically and accessed by relevant staff employed by SSAT. Paper records of your data will also be kept and will be stored securely onsite by SSAT.

By signing this form, you are providing your permission for us to use your data for the purposes described here and you are confirming that the information provided above is correct. If any of the details change it is your responsibility to let SSAT know immediately.

We will not record your information unless you provide your consent. However, this may impact on our ability to offer services to you.

Yes - I give my consent to SSAT recording sensitive personal information about me.

No – I do not give my consent to SSAT recording sensitive personal information about me.

Signed by	
Signature (must be a parent, or guardian if under 16)	
Date	

Child photo / video consent

I give Sunnah Sports Academy Trust (SSAT) permission to take photographs and / or video of my child. I grant SSAT full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve SSAT's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name of child	
Name of parent / guardian	
Signature of parent / guardian	
Date	

If for any reason you wish to revoke consent, please contact: admin@[sunnahsportsacademytrust.com](mailto:admin@sunnahsportsacademytrust.com)