Application Form Squash Coaching - Ages 6-17 years



Course Fee

£84 for a block of 12 lessons (£7.00 per lesson)

Further information

Bill Voisey 07746 182041
Bill Voisey @ Logistics-Consultancy.co.uk

www.KingsHeathSquashClub.co.uk

Bank Account

Kings Heath Squash Club 30-94-74 00400272

Location

Kings Heath Cricket & Sports Club - Squash Section

Charlton House, 247 Alcester Road South, Kings Heath, Birmingham B14 6DT

Main clubhouse is shut until midday. From Alcester Road South, turn down the drive opposite Livingston Rd (signposted Tennis Courts). Park near the bowling green, and then walk to the furthest end of car park Squash courts entrance is on right hand side of building just before main clubhouse rear entrance Obtain a free Daily Parking Permit by scanning QR Code posted on rear entrance door

Clothing - non marking footwear essential

Footwear is not permitted that would leave a mark on the court wood floor

Test your squash (or running) shoe/trainer by rubbing the sole against a piece of wood – it should leave no trace To avoid soiling the wooden court floor, replace outdoor shoes with squash shoes/trainers before entering court Bring shorts/T-shirt clothing for indoor activity

Bring shorts/1-s	shirt clothing for ii	ndoor activity							
1) Course Tic	k one row & en	nter requested start	t date						
		s 6-12 years 9.50a		n Sunda	ıy				
		12-17 years 10.50a							
2) Name of Pa	articipants		1						
First Name			Last Nam	ne					
3) Address (V	Ve will notify vo	ou by Email if we ne	eed to reso	hedule i	essons)			
House/Street									
City/Town				Post C	ode				
Telephone			Mobile			•			
Email									
0.0.11									
4) Schools									
5) Gender		6) Age years	7) Date	of Birth					
□ Male	□ Female			/	/				
□ Male	□ Female			/	/				
	1		l						
6) Medical Inf	ormation Rele	evant illness/ condit	tion/ disabi	lity (e.g.	epileps	y, astı	hma, dia	abetes)	
7) Emergency	, Camtaata								
7) Emergency Name 1:	Contacts		Mobi	lo:					
Name 2:			Mobi						
INAIIIE Z.			IVIODI	IG.					

8) How did you learn of Junior Squash Coaching eg, poster (location displayed?)

Consent Form Squash Coaching - Ages 6-17 years



Why are we collecting information on participants?

Birmingham City Council and all partners involved in the Sport Unlimited Programme are committed to providing sporting opportunities that are both safe and of the highest quality. The information we collect will help to improve/adapt existing activities as well as provide suitable new activities for all the young people we work with. What Information do we collect?

The information collected is used for 3 main reasons:

- 1) Health and safety We need to know about any illnesses or impairments so that our staff can properly and safely manage any incident that may occur during activities. We also collect information on emergency contacts so we can communicate effectively with adults responsible for the care of participants.
- 2) **Equality** It is essential that we show that the services we provide for young people are accessible and suitable for all young people. We do this by gathering information on the Ethnicity, Faith & disability/impairment of participants we work with. In many cases this information also helps us develop new activities or in some cases helps us to raise funds so we can run activities free of charge.
- Permission & consent To collect & store information as well as run activities for younger participants

under 1	6 years o	f age we requir	e certai	n pe	rmissions	rom par	ents o	r ad	ult carers.	,	, earriger partierpartie	
Ethnicity/Race	(Please	tick one box)										
White:	Mixed Race:			As	Asian/Asian British:			Black/Black British:			Chinese or other:	
□ British	□ White & Black Caribbean			□ Indian				□ Caribbean		□ Chinese		
□ Irish	□ White & Black African			□ Pakistani				□ African		□ Any Other Ethnic Group not in this		
	□ White & Asian			□ Bangladeshi			□ Other					
□ Other				□ Kashmiri								
	□ Other Mixed			□ Other		table						
Religion/Faith Christian	<i>(Please ti</i> □ Sikh	<i>Ick one box)</i> □ Muslim	□ Hind	411	□ Jewish	ı 🗆 Bı	uddhis	t r	□ Rastafaria	n	□ Other or None	
- Onnstan	U OIKII	Wasiiiii		<u> </u>	D OCWISI		addillo		_ rastarana		- Other of None	
Clubs & Activi	ty											
				s 🗆 No 🗆 💮 Name o			of Club:					
Would you like	e to join a	sports club?	Ye	s 🗆	No □	Type o	f Club	:				
		t counting any							0-3 days in I			
have you done 60 minutes sport and recreational physical activity $\ \square \ 4$ -11 days in last 4 weeks												
when the effort was usually enough to raise you				ur breathing rate? Include			ıde	□ 12+ days in last 4 weeks				
activities such as brisk walking or cycling							□ Unknown					
1) My/our child	is in good	t health and I/v	we consi	dor	him/her ca	nable o	f takin	a na	art in enarte/	/nhv	sical activities. I/We	
have completed the Medical Details part of this form and consent, in the event of any illness/accident; any necessary treatment can be administered to my/our child. I also understand that while coaches and activity staff will take every												
reasonable precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any												
loss, damage or injury suffered by my/our child. Please tick box if you agree												
		, ,										
2) The informat	tion provid	ded on this for	m will be	e tra	nsferred 8	kept fo	r 36 n	nont	hs on a sec	cure	database. You can	
contact us at anytime requesting to be removed from the database, this paper form will be destroyed and all personal												
information on the database will be completely removed on request or post the 36 month period.												
Please tick box	x if you a	gree 🗆										
											related information	
regarding sport and physical activity opportunities. This information aims to improve and coordinate sport and physical activity service provision across the city. Please tick box if you agree												
activity service	provision a	across the city.	. Please	tick	c box if yo	u agree						

Please sign and date this form

· reace eight and added time retire		
Signature (or parent/carer name if under 16)	Print Name	Date

4) I/We agree that photographs and or video footage may occasionally be taken during the activities and used for promotion and training purposes, and give consent for my/our child to feature in such photos/footage. I hereby grant only Birmingham City Council and authorized partners and agents of the Extending Activities programme the right to use the images created from any approved photographic or video sessions. Please tick box if you disagree

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