

# Application Form



## Child Details

Leisure Card No:

Name of Child

DOB

Age

Gender M / F

Address

Postcode

School

## Emergency Contact Information

Full Name

Relationship

Home Tel

Work Tel

Mobile

Address & Postcode (if different from above)

## Medical Information

Please list any disabilities, illness, allergies or other problems of which we need to be aware (eg. learning difficulties, asthma, diabetic, epilepsy, impaired hearing, nut allergies etc)

## Equalities Information

The following information is requested for Council monitoring only. It will be treated in confidence and will not be used to discriminate for or against your child.

Do you consider your child to be disabled?  Yes  No (Please tick)

(The Disability Act 1995 defines a disabled person as "anyone with a physical or mental impairment which has a substantial and long term adverse effect upon their ability to carry out normal day to day activities").

If yes, please give details

Please state your view of your child's ethnicity (please tick one box only)

Choose one section from A to E, then tick the appropriate box to indicate your child's ethnic origin.

**A. White**

**B. Mixed**

**C. Asian/Asian British**

**D. Black/ Black British**

**E.Chinese**

British

White & Black Caribbean

Indian

Caribbean

Chinese

Irish

White & Asian

Pakistani

African

White & Black African

Bangladeshi

If not stated in A to E, please specify:

PTO: Parental Consent & Booking Form

OFFICIAL USE ONLY: receipt number

