

Participant Details		PROTECT
Name:	Date of Birth:	Name of Emergency Contact:
Home Address:	Postcode:	Emergency Contact's Number:
Home Telephone No :	Email:	GP:
Mobile Telephone No:		Surgery:
Tuesday AM Pilates <input type="checkbox"/> Fit Steps <input type="checkbox"/> Tuesday PM Pilates <input type="checkbox"/>		Wokingham Active Discount Card <input type="checkbox"/>

Medical / Disability Information:	
Do you have any Medical Conditions? <i>Please provide details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
Do you have a disability? <i>Please provide details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:

Data Protection Act 1998
 The data collected in the form will not be used for any other purpose other than what the information was originally collected for by Wokingham Borough Council/ Wokingham Active and data collection and will not be disclosed to any external sources without your written consent (unless there is a legal obligation to do so). The information on this form will be retained by Wokingham Borough Council (Sports and Leisure) on a secured database and secure cabinets.

First Aid Consent
 I give my permission for the administration of basic first aid treatment by Wokingham Borough Council and Wokingham Active Staff. In the event of an emergency I authorise staff to take appropriate action to obtain necessary medical help including sending me to hospital.

Photograph Release Clause:
 I give permission to Wokingham Borough Council/ Wokingham Active for myself to be included in any photographs, video or images. I give permission for these photographs and written profile to be used in future publications, including social media for Wokingham Borough Council/ Wokingham Active and maybe for other promotional material for which it may be suitable.

Please tick the relevant box below stating your permission
 a) I/we give my/our Permissions for the above ☐ b) I/we do not give my/our Permissions for the above ☐

Wokingham Borough Council accepts no responsibility or liability for any loss, injury or damage to persons or property save where such loss, injury or damage is directly caused by the negligence of the council. It is my responsibility to ensure I am fit and in good health to participate in the activity I choose to attend.

Please Note: Wokingham Borough Council reserves the right to cancel any course if they consider it necessary. If an instructor or member of the Wokingham Active Team feels that there is a risk to your health you may be advised to seek written consent from your Health Professional before continuing with a Wokingham Active Session.

Code of Conduct:
 You are asked to comply with a Code of Conduct, available from coaches, which sets out acceptable behaviour. Individuals who seriously breach the Code of Conduct will be removed from the course.

By signing this form I have read and understood the terms and conditions above and agree to abide by them.

Signed: _____ Print Name: _____ Date: _____