

**Booking Form for Disability Master Classes – Saturday 28<sup>th</sup> June 2013  
Athletes and Parents**

**About the Athlete**

First Name:  Surname:  Gender:

Sport:  Club:  Age:

Home Address:  School / College: (if applicable)

Home Telephone:  Email:

Disability:  Any medical issues that the organisers need to be aware of:

What is the highest level you have competed at:  How much training do you do per week:

**About the athlete's Parent/ guardian**

Main Contact person and relationship to athlete\*:  Emergency contact number:

- I will be attending the Master Classes with my son/daughter
- I would also be interested in attending a separate workshop for parents  
I would like to book  spaces

- I give permission for my son/daughter to attend the Master Classes \*
- I give permission for photographs and video to be taken of me or my son/daughter\* for use in promoting the programme and LIVING SPORT. Images may be used on LIVING SPORT website , Ability PLUS Group website and shared with local press and partners i.e. ARU, NGB's and clubs
- I give permission for LIVING SPORT to keep my personal data and contact me regarding other LIVING SPORT or partner disability projects that might be relevant to me
- I give permission for LIVING SPORT to keep my personal data and contact me regarding other LIVING SPORT projects that might interest me

\*Signed  Date:  \*Parent or Guardian if athlete is under 18

**Please Return by 16<sup>th</sup> September to:  
Rebecca Gilbertson, LIVING SPORT, Lakeside Lodge Health Club, Fen Road, Pidley, Huntingdon,  
Cambridgeshire, PE28 3DF**

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Coaches**

Coaches name:

Sport / Club:

Contact number:

Email:

Address:

Level of qualification / experience

My Athletes attending the Master Classes are:

I will be attending the Master Classes with my athlete / s

I would also be interested in attending a separate workshop for Coaches

I would like to book  spaces

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Signed

Date:

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