

## BiG Holiday football programme registration form

We are very pleased to welcome your son/daughter/child onto the BiG holiday football coaching programme. Please advise what dates your child will be attending:

Week 1	<input style="width: 100%;" type="text"/>
Week 2	<input style="width: 100%;" type="text"/>
Week 3	<input style="width: 100%;" type="text"/>
Week 4	<input style="width: 100%;" type="text"/>

To ensure we have the correct contact details for your child, please fill out this form and send (hand) it back to me *Lionel Best*, the Programmes Director (**details at the end of the form**).

A parent or carer must sign the form before it is returned. We will also use this information to ensure that you are kept informed about other BIG programmes and events.

**Name of child**

**Address of child**

**Postcode**

**Home telephone number**

**Mobile\***

**Email\***

**Date of Birth of child**

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**\* Neither the mobile number nor the email should be that of the child - this could make children vulnerable and is considered poor practice and against BiG's moral code. For a child/young person these details should be those of the parent/carer.**

## Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

**Do you consider your child to have a disability?** Yes ☐ No ☐

**If yes, what is the nature of the disability?**

Please detail below any important medical information that I / BiG officials / volunteers should be aware of

Visual impairment ☐  
Hearing impairment ☐  
Physical disability ☐  
Learning disability ☐  
Multiple disability ☐  
Other (please specify)

## Sporting information

**Has your child played football before?** Yes ☐ No ☐

**If yes, where has he / she played football (please indicate below)**

Primary school ☐  
Secondary school ☐  
Local authority coaching session(s) ☐  
Club ☐  
County ☐  
Other (please specify)

## Medical information

Please detail below any important medical information that I / BiG officials / volunteers should be aware of (e.g. epilepsy, asthma, diabetes etc.)

## Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

**Contact name e.g. parent/carer**

**Emergency contact number**

By returning this completed form, I agree to my son/daughter in my care taking part in the activities involved in the BiG holiday football programme.

I understand that I will be kept informed of these activities e.g. the football coaching session contents.

I understand in the event of injury or illness all reasonable steps will be taken to contact me and to deal with that injury / illness appropriately.

I understand that I am responsible for ensuring that: my son / daughter arrives at the venue safely; at the end of the session, my son / daughter is/are collected promptly by the agreed time or confirm that he/she is responsible to go home by themselves (tick appropriate box). **Will be collected** ☐ **Will go home by themselves** ☐

I have read BiG's code of conduct for participants and I have discussed this with my son/daughter/child and confirm that they are aware of what BiG expects from them and others so all enrolled onto the programme promote fair play.

BiG will be taking photographs and will video some of the activities for training and marketing purposes and photos and short films will be placed on the BiG website and published in BiG promotion material. By taking part in this programme, you agree to this happening unless you have otherwise informed BiG in writing and emailed to [lionel.best@sky.com](mailto:lionel.best@sky.com)

**Name of parent/carer:**

**Signature of parent/carer:**

**Date:**

Send your completed form with payment to: Lionel Best, BiG (Besty's Inspiration Guidance), Flat 4, 8 Station Approach, Sydenham, London SE26 5EU, or e-mail to [lionel.best@sky.com](mailto:lionel.best@sky.com)