|  |  |
| --- | --- |
| **Forename** |  |
| **Surname** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Address**  |  |
| **Postcode** |  |
| **Home Telephone** |  |
| **Mobile Telephone** |  |
| **Email** |  |
| **Emergency details (name and telephone number)**  |  |
| **Disability** **(Please Tick as appropriate)** | None |   | Learning Disability/Difficulty |  |
| Physical Impairment |  | Other |  |
| Mental Health Condition |  |  |  |
| **Ethnicity****(Please Tick as appropriate)** | White or White British |   | Black or Black British |  |
| Asian or Asian British |  | Chinese or Other Ethnic Group |  |
| Mixed |  | Other |   |
| **Medical /Allergy Information** |  |
| **Photo/Filming Consent** |  **Yes** |   | No |  |
| **School Year (If applicable)** |  |
| **School (If applicable)** |  |

This information will be held live by WCT for a period of 12 months. Please ensure that you inform us if any of the above details change. The details above will be added to WCT distribution lists, if you don’t wish to receive any further information from us, please tick here

**Signed**: **Date**:

**For Office Use Only**