

## You/Your child's information

In order for you/your child to take part in this activity, Wolverhampton Wanderers Foundation ("we") need to collect your/their basic details, including information about your/their health

### Why?

We will use this information to:

- help us provide the activity;
- look after you/your child during the activity;
- track your/your child's progress;
- develop case studies and testimonials;
- communicate with you/your child's school about your/their progress;
- to contact you/your child if necessary.

### What information do you need?

Please provide the following information about you/your child:

- Name
- Name of school
- Home address
- Date of birth
- Gender
- Ethnicity
- Information about any medical conditions.

### Your rights

You have/your child has rights related to how we use your data. For example, you / your child can ask for a copy of your data, or for it to be rectified if it is inaccurate.

You / your child can also object to us processing the data in certain circumstances.

For a detailed explanation of your/your child's rights, please see our Privacy Policy.

### More details?

For more details please see our Privacy Policy, which is [included in the pack which you / your child were given on the first session, and is available on our website at <https://www.wolves.co.uk/foundation/privacy-policy/> or on request from your / your child's coach.

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### Consent

Your name: \_\_\_\_\_  
(please print)

Relationship to child  
(if you are signing  
on behalf of a child): \_\_\_\_\_  
(parent/guardian)

**I consent** to you using my / my child's personal information in the ways described above Yes / No

**I consent** to you sharing my child's personal information with their school (for example, if you are providing activities as part of my child's curriculum lessons, or if my child undergoes a medical incident whilst in your care) Yes / No

**Your signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*Photos/videos may be used by Wolves and Wolverhampton Wanderers Foundation on official publications, social media websites and promotional materials including those of our associated partners including Premier League.

<b>Name</b>			
<b>Date of Birth</b>			
<b>Gender</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Home Telephone</b>			
<b>Mobile Telephone</b>			
<b>Email</b>			
<b>Medical /Allergy Information</b>			
<b>Photo/Filming Consent (please tick)</b>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<b>School (if applicable)</b>			
<b>School Year (if applicable)</b>			
<b>Disability</b>	None	<input type="checkbox"/>	Learning Disability/Difficulty <input type="checkbox"/>
	Physical Impairment	<input type="checkbox"/>	Long term pain <input type="checkbox"/>
	Mental Health Condition	<input type="checkbox"/>	Other (please state below) <input type="checkbox"/>

<b>Ethnicity</b>					
White - English	<input type="checkbox"/>	Mixed – White & Black African	<input type="checkbox"/>	Asian / Asian British – Other	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Mixed – White & Asian	<input type="checkbox"/>	Black / Black British – African	<input type="checkbox"/>
White – Scottish	<input type="checkbox"/>	Mixed – Other	<input type="checkbox"/>	Black / Black British – Caribbean	<input type="checkbox"/>
White – Welsh	<input type="checkbox"/>	Asian / Asian British – Indian	<input type="checkbox"/>	Black / Black British – Other	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	Asian / Asian British – Pakistani	<input type="checkbox"/>	Arab	<input type="checkbox"/>
White - Other	<input type="checkbox"/>	Asian / British – Bangladeshi	<input type="checkbox"/>	Other	<input type="checkbox"/>
Mixed – White & Black Caribbean	<input type="checkbox"/>	Asian / Asian British - Chinese	<input type="checkbox"/>	I'd prefer not to answer	<input type="checkbox"/>

<b>Religion or belief</b>									
No religion	<input type="checkbox"/>	Baha'i	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Catholic	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>
Any other religion / belief	<input type="checkbox"/> <b>Please ensure you inform us if any of the above details change</b>								

I .....parent/guardian hereby grant permission for my child to make their own way home following the completion of the session arranged by Wolverhampton Wanderers Foundation.

I ..... (full name) parent/guardian hereby grant permission for my child to be collected by a person nominated by me whom I know to be under the age of 18 years but older than 16 years, following the completion of the session arranged by Wolverhampton Wanderers Foundation.