



Cerebral Palsy Sport  
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# CP Sport Registration Form

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**Event:** \_\_\_\_\_

## Participant Details:

Mr  Mrs  Ms  Miss  Other

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Tel No.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CP Sport Membership No (if applicable):** \_\_\_\_\_

**How did you find out about this event?** \_\_\_\_\_  
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## Parent / Guardian / Emergency Contact:

Mr  Mrs  Ms  Miss  Other

**First Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Emergency phone no:** \_\_\_\_\_

**Email:** \_\_\_\_\_  
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## Medical Details:

Do you have cerebral palsy? Yes  No

Please indicate if you have any medical conditions or any other special requirements we should be aware of e.g. asthma, allergies, epilepsy.  
\_\_\_\_\_  
\_\_\_\_\_

## Mobility:

Ambulant  Frame  Cane/Crutches  Wheel Chair  Power Chair

Unit 5, Heathcoat Building, Nottingham Science & Technology Park, University Boulevard,  
Nottingham, NG7 2QJ.

Telephone: 0115 925 7027. Email: [info@cpsport.org](mailto:info@cpsport.org)

Find out more about the work of CP Sport at [www.cpsport.org](http://www.cpsport.org)

A Limited Company registered in England and Wales, no 04181593. Registered office as shown. Registered Charity No: 1088600



Cerebral Palsy Sport

Please tick if you would you like to become a FREE affiliate member and receive regular e-mail updates through our CP Sport newsletter.

Yes, I would like to receive regular updates through the newsletter

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### General Data Protection Privacy Statement

Cerebral Palsy Sport take your privacy seriously and we will only use your personal information to provide the services and products that you have requested from us.

We would like to keep in touch with you from time to time about the vital work we do for people with cerebral palsy, our participation opportunities, fundraising appeals as well as the services and products you can buy.

If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you:

Post       Email       E- Newsletter       Telephone   
Text Message

We will never sell your data and we promise to keep your details safe and secure.

You can change your mind at any time by email [info@cpsport.org](mailto:info@cpsport.org) or clicking the unsubscribe links if you no longer wish to receive our newsletters.

For further details of how your data is used and stored:

<http://www.cpsport.org/about-us/privacy-policy/>

\_\_\_\_\_  
**Participant signature**  
**(parent/guardian if under 18 years)**

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

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Cerebral Palsy Sport

### Why not take advantage of our membership scheme?

Already a member – Enter Membership Number \_\_\_\_\_

To benefit from CP sport members discount I wish to apply for: (please v appropriate box)

Annual Membership – Adult Member (18 yrs and above) £20

Annual Membership – Junior Member (under 18 yrs) £15

**Payment** should accompany the application form (please tick you selected method of payment)

I wish to pay by Credit/ Debit card

**Card Type:** Credit / Debit (delete as appropriate)

**Card Number:**

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**Card Start Date:** \_\_/\_\_/\_\_      **Card End Date:** \_\_/\_\_/\_\_      **Issue Number (Switch card only):** \_\_

**Card Security Number:**    \_\_ \_\_ \_\_      (last 3 digits on signature strip)

**Cardholder's name and contact details** (if different from participant name above):

**Name:** .....      **Address:** .....

.....      **Post Code:** .....

**Email:** .....      **Telephone:** .....

**Signature:** .....      **Date:** .....

I wish to pay by BACS transfer:

For payments by BACS please enter your Surname as the payment reference. Please transfer the correct amount to:

Account Name: **C P SPORT** Sort Code: **30-95-42** Account Number: **58689468** Name of Bank: **Lloyds**

### Donations

*Cerebral Palsy Sport relies on the kindness of people like you to help fund a programme of sporting events and activities for children, young people and adults with cerebral palsy. If you would like to make a donation to support more people with cerebral palsy to reach their potential through sport please tick box and state amount you would like to donate. Thank you.*

*I would like to help by donating £..... to Cerebral Palsy Sport. I understand that I must have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & Community Amateur Sports Clubs (CASCs) I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that CP Sport will reclaim 25p of tax on every £1 that I give. If a UK taxpayer please tick here.*

*giftaid it*

### Photographic/Media Consent Form

Unit 5, Heathcoat Building, Nottingham Science & Technology Park, University Boulevard, Nottingham, NG7 2QJ.

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Cerebral Palsy Sport

Dear Participant / Parent / Guardian,

**Thank you for helping us.**

At Cerebral Palsy Sport we produce a variety of different materials which we use to inform people, charitable trusts and other relevant organisations about the work that we do. Occasionally these materials will include photographic images or videos of participants, the surrounding areas and on occasion parents and guardians. We use these materials to enhance our promotions and to illustrate the variety of work we achieve.

We also use images from our events on our website, through our social media channels, such as Facebook and Twitter (these will only ever be used by the official Cerebral Palsy Sport accounts), and in leaflets and other promotional materials which may include our printed publications; adverts; audio visual and electronic materials; media work; display materials; social media and any other media we may use in the future.

From time to time we may also allow use of photographic images and videos by third parties. These third parties will only be those with an official association with Cerebral Palsy Sport, such as a corporate partner or funder.

Please complete the form below, selecting carefully how you give your consent, to enable us to use these images and any personal information you supply alongside the images (such as a name, age and disability) to actively promote the work of Cerebral Palsy Sport.

The images will not be used for any other purpose.

**FULL NAME:** \_\_\_\_\_

**EVENT:** \_\_\_\_\_

I consent to the use of photographic images or video footage for use by Cerebral Palsy Sport only	Yes / No
I consent to the use of photographic images or video footage for use by third parties officially associated with Cerebral Palsy Sport	Yes / No

**Please state here if there are any ways in which you do NOT want us to use photo(s) of you:**

<b>Signed</b> or type if emailed		<b>Date</b>	
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**Data protection statement**

Other than as specified above, the information that you give us here will only be used to contact you about these photo(s). We will not pass the details recorded on this form on to any other organisation without your permission.

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