# Community Sports Network will treat all information on this form in line with GDPR & Data Protection Regulations. This form is for registering for JagTag Halloween Camp Ballymena only. Only one participant can be registered per form.

# This form is only a registration form and your place is not confirmed until you receive a confirmation email accepting the named participant on the camp.

# If you do not wish to disclose information please select or write ‘Not disclosed’ option. Information below is often required by Community Sports Network funders. Community Sports Network Privacy Statement available online [www.communitysportsnetwork.org](http://www.communitysportsnetwork.org)

\*required

***Participant Details:***

\* Participant’s Name

\*Participant’s Age \*Post Code:

\*Participant’s Gender

***Required Information:*** (Please tick or delete answers as appropriate)

***\*Do you or anyone participating with you have a Medical Condition?***

**YES NO** Not disclosed (If YES Please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Do you or*** not ***anyone participating with you have any dietary requirements or allergies?***

**YES**  **NO** Not disclosed (If YES Please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Please provide an email address which we can contact to confirm place on Halloween Camp***

***\**Emergency Contact Details: Name of Emergency Contact & Phone Number**

***Consent:*** (Please tick or delete answers as appropriate)

***\*General Data Protection Regulation (GDPR)***

In line with General Data Protection Regulation I consent that Community Sports Network may use this data to generate statistics about programmes which may be used for future reporting and funding, your name will **not** be included in any reporting documents. If, in the future, you wish to remove consent contact CSN Office to opt out. CSN will ensure all data remains anonymous and confidential and will adhere to the standards set by GDPR.

 **I consent I DO NOT consent**

**\**Programme Consent:***

I understand that my participation is voluntary and that I have taken part of my own free will. Therefore, I consent to participating inthis Community Sports Network Programme and taking part in the post programme survey.

 **I consent I DO NOT consent**

Please be aware that injuries may occur, it is the responsibility of Community Sports Network to minimise this risk.

**\**Signature:*** **\**Date:***

(A typed signature is sufficient)