

*Percy Hedley Wooden Spoon Academy  
for Disability Sports*

REGISTRATION FORM

Sports Club(s) : \_\_\_\_\_

Last Name : \_\_\_\_\_

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

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender : M / F

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

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

Telephone No. : \_\_\_\_\_ - \_\_\_\_\_

Mobile No. : \_\_\_\_\_ - \_\_\_\_\_

Email Address : \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Emergency Contact No : \_\_\_\_\_ - \_\_\_\_\_

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MONITORING INFORMATION

Do you have any long standing illness or disability ? YES / NO

If yes please provide details : \_\_\_\_\_

Do you consider yourself to be from a black or Ethnic minority Group ? YES / NO

If yes please provide details : \_\_\_\_\_

Have you taken part in any sport or physical Activity in the last 12 months ? (Not P.E. or travel) YES / NO

How many days on average do you take part in 30 minutes or more (Adults) / 60 minutes or more (Children) of moderate intensity physical activity ? 0 1 2 3 4 5+

*Please return completed forms to the Sports Development Office*