

# Application Form

## Squash Coaching - Ages 5-16 years



Kings Heath Cricket  
& Sports Club

Squash section



### Course Fee

£60 for a block of 12 lessons (£5.00 per lesson)

### Further information

Bill Voisey 0121 441 2364

[BillVoisey@Logistics-Consultancy.co.uk](mailto:BillVoisey@Logistics-Consultancy.co.uk)

[www.KingsHeathSquashClub.co.uk](http://www.KingsHeathSquashClub.co.uk)

### Bank Account

Kings Heath Squash Club

30-94-74

00400272

### Location

Kings Heath Cricket & Sports Club - Squash Section

Charlton House, 247 Alcester Road South, Kings Heath, Birmingham B14 6DT

Main clubhouse is shut until midday. From Alcester Road South, turn down the drive opposite Livingston Rd (signposted Tennis Courts). Park near the bowling green, and then walk to the furthest end of car park.

Squash courts entrance is on right hand side of building just before main clubhouse rear entrance

### Clothing – non marking footwear essential

Footwear is not permitted that would leave a mark on the court wood floor

Test your squash (or running) shoe/trainer by rubbing the sole against a piece of wood – it should leave no trace

To avoid soiling the wooden court floor, replace outdoor shoes with squash shoes/trainers before entering court

Bring shorts/T-shirt clothing for indoor activity

### 1) Course *Tick one row & enter requested start date*

<input type="checkbox"/>	FUNdation squash ages 6-12 years 10.00am-11.00am Sunday	
<input type="checkbox"/>	Improver squash ages 12-17 years 11.00am-12.00pm Sunday	

### 2) Name of Participant

First Name	Middle Name	Last Name

### 3) Address *(We will notify you by Email if we need to reschedule lessons)*

House/Street									
City/Town		Post Code							
Telephone		Mobile							
Email									

### 4) School

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### 5) Gender

Male

Female

### 6) Age years

### 7) Date of Birth

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### 8) Disability *Tick appropriate boxes*

<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Learning Difficulty	<input type="checkbox"/> Multiple Disability	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Wheelchair User	<input type="checkbox"/> Other (Please State)	

### 9) Medical Information *Relevant illness/ condition (e.g. epilepsy, asthma, diabetes)*

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### 10) Emergency Contacts

Name 1:	Tel.	Mobile:
Name 2:	Tel.	Mobile:

### 11) How did you learn of Junior Squash Coaching *eg, poster (location displayed?)*

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# Consent Form

## Squash Coaching - Ages 5-18 years

### Why are we collecting information on participants?

Birmingham City Council and all partners involved in the Sport Unlimited Programme are committed to providing sporting opportunities that are both safe and of the highest quality. The information we collect will help to improve/adapt existing activities as well as provide suitable new activities for all the young people we work with.

### What Information do we collect?

The information collected is used for 3 main reasons:

- 1) **Health and safety** – We need to know about any illnesses or impairments so that our staff can properly and safely manage any incident that may occur during activities. We also collect information on emergency contacts so we can communicate effectively with adults responsible for the care of participants.
- 2) **Equality** – It is essential that we show that the services we provide for young people are accessible and suitable for all young people. We do this by gathering information on the Ethnicity, Faith & disability/impairment of participants we work with. In many cases this information also helps us develop new activities or in some cases helps us to raise funds so we can run activities free of charge.
- 3) **Permission & consent** – To collect & store information as well as run activities for younger participants under 16 years of age we require certain permissions from parents or adult carers.

### **Ethnicity/Race (Please tick one box)**

White: <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other	Mixed Race: <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed	Asian/Asian British: <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Kashmiri <input type="checkbox"/> Other	Black/Black British: <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other	Chinese or other: <input type="checkbox"/> Chinese  <input type="checkbox"/> Any Other Ethnic Group not in this table
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### **Religion/Faith (Please tick one box)**

<input type="checkbox"/> Christian	<input type="checkbox"/> Sikh	<input type="checkbox"/> Muslim	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Rastafarian	<input type="checkbox"/> Other or None
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### **Clubs & Activity**

Are you a member of a sports club?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Club:
Would you like to join a sports club?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Club:

In the past <b>4 weeks, not counting any PE lessons</b> , on how many <b>days</b> have you done <b>60 minutes sport and recreational physical activity</b> when the effort was usually enough to raise your breathing rate? Include activities such as brisk walking or cycling	<input type="checkbox"/> 0-3 days in last 4 weeks <input type="checkbox"/> 4-11 days in last 4 weeks <input type="checkbox"/> 12+ days in last 4 weeks <input type="checkbox"/> Unknown
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**1)** My/our child is in good health and I/we consider him/her capable of taking part in sports/physical activities. I/We have completed the Medical Details part of this form and consent, in the event of any illness/accident; any necessary treatment can be administered to my/our child. I also understand that while coaches and activity staff will take every reasonable precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my/our child. **Please tick box if you agree**

**2)** The information provided on this form will be transferred & kept for 36 months on a secure database. You can contact us at anytime requesting to be removed from the database, this paper form will be destroyed and all personal information on the database will be completely removed on request or post the 36 month period. **Please tick box if you agree**

**3)** I/We hereby give Birmingham City Council and all authorised partners the right to send related information regarding sport and physical activity opportunities. This information aims to improve and coordinate sport and physical activity service provision across the city. **Please tick box if you agree**

**4)** I/We agree that photographs and or video footage may occasionally be taken during the activities and used for promotion and training purposes, and give consent for my/our child to feature in such photos/footage. I hereby grant only Birmingham City Council and authorized partners and agents of the Extending Activities programme the right to use the images created from any approved photographic or video sessions. **Please tick box if you disagree**

### **Please sign and date this form**

Signature (or parent/carer name if under 16)	Print Name	Date