

5. Where did you find out about this course? Please tick all that apply to you.

Leisure Centre <input type="checkbox"/>	Website <input type="checkbox"/>	School <input type="checkbox"/>	Library <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Other <input type="checkbox"/>
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6. Are you a member of a Sports Club?

Yes No

If Yes, what is the name of the Club?

7. Ethnic Origin please tick one (You do not have to complete this question but doing so will help us improve our service)

White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Group
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Gypsy / Traveller <input type="checkbox"/>
Other <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>
	Other <input type="checkbox"/>	Kashmiri <input type="checkbox"/>		
		Other <input type="checkbox"/>		

We would like to keep you informed of future sporting opportunities at CP Sport:

If you would like to receive such information please tick this box

The information you provide on this form will be held on computer and paper files.

Declarations: I undertake to inform a member of staff of any changes in the information provided on this form. I hereby agree that in the event of my child being returned early from the activity, or any costs incurred as a result of my child's misbehaviour, I will be liable to reimburse CP Sport, in full. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with the injury / illness appropriately and that by returning this completed form I agree to my son / daughter taking part in the activity.

Consent Statement: I give consent for my child to take part in the above activity / activities and, having received and read the information provided, agree to their participation. I acknowledge the need for obedience and responsible behaviour on their part.

I understand that some of the activities will be taking place at community Sports Clubs and that CP Sport cannot be made liable for any loss or injury caused to my child / child in my care whilst participating in activities at these Clubs. (Please tick if applicable)
This should be signed by the parent / guardian if the participant is under 18.

Print Name:	Relationship to child:
Signature:	Date:



CP Sport Athletics Development Day

Your stepping stones to success

Wednesday 2ND November 2011

Harvey Hadden Stadium

10.00 – 3.00 pm

Open to children with Cerebral Palsy
or a physical disability

Improve your skills!

Ages 9 – 19 years

Run, Throw or Jump

Take part in a competition

Bring a packed lunch. Wear sports clothes

Cost: £5.00 payable to CP Sport

CP Sport athletics development days are part of a programme to support people with a physical disability to take part in the sport of Athletics by offering them a development pathway through training and competition opportunities.

Development days are hosted throughout the country and are the next stage from our very successful multi sports development days. These are linked to our National Training Days held in Nottingham and our CP Sport Athletics Grand Prix Series.

The day will be to provide an opportunity for new athletes and participants who are interested in disability athletics to practice, learn and understand the fundamentals of the events on offer under the watchful eye of our dedicated and experienced disability coaches and CP coaching team.

New coaches, teachers, support staff and parents are all welcome and are encouraged to attend these events. The opportunity to develop coaching skills and gain a greater understanding of working with and motivating disabled athletes is an integral part of the CP programme.

Please fill in the application

Please Tick Dates of Attendance		Title of Course / Activity	Venue	Date
		1. Athletics Development Day	Harvey Hadden stadium	2 Nov2011
		2. Athletics Development Day	Leigh Athletics	24 Nov 2011
2a. Participants Details				
Name:			D.O.B	Age
2b. Address:				
School type		Main stream	Special school	Main stream special unit
Post Code			School Name:	
Email:			Tel:	
Which one of the four disability group do you consider yourself :				
Power /electric chair user <input type="checkbox"/> manual wheelchair user <input type="checkbox"/> ambulant moderate impairment <input type="checkbox"/>				
ambulant min impairment <input type="checkbox"/>				
2c. Gender - please tick		Male <input type="checkbox"/>	Female <input type="checkbox"/>	
2d. Do you have any long term illness, health problem or a disability? If YES, please state, e.g. / cerebral palsy etc. Please also provide any other additional information you feel necessary to take part, e.g. wheelchair user.				
2e. Medical Information please give details of any important medical information that our staff should be aware of (e.g. epilepsy, asthma, diabetes.).				
3. Emergency Contact. (If participant is under 18 this must be completed by the legal Parent / Guardian).				
Name:		Relationship to child:	Tel (1):	Tel(2):

CP Sport Photographic / Film Consent Form

Name of participant..... or

(Parent or guardian).....

Date of Birth of participant.....

Address (inc postcode).....

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Contact Telephone Number.....

E-mail Address.....

CP Sport would like to *take your photograph / *make a video of you for promotional and documentary purposes. These images may appear in our printed publications, on video, or on our website, or all three.

To comply with Data Protection Act 1998, your permission is required before we take any photographs or recordings of you. Please answer the questions overleaf, then sign and date the form where shown. (Please circle answer overleaf)

1. I agree to the use of my image on CP Sport publications
Yes/No

2. I agree to the use of my image on your web-site?
Yes/No

3. I agree to the recording of my image on our promotional videos footage?
Yes/No

4. I agree to the use of my image in printed publications produced third party such as sponsoring organisation affiliated with CP Sport
Yes/No

Signature.....

Date.....

CP Sport Athletics Development Day

Who can take part?

1. Power chair/electric chair user

Athletes with Cerebral Palsy – electric wheelchair user quadriplegic, moderate involvement in all four limbs.
(Club Throw, Seated Discus and Shot, Bean Bag Throw)

2. Manual Wheelchair user

Athlete with Cerebral Palsy

Athlete with Spinal Cord Injury (Seated Javellin, Discus, Shot, W/C 60m, 100m, 200m)

3. Ambulant Impairment

Athletes with Cerebral Palsy-Ataxic/Athetoid-affected in three or four limbs

Athletes with Cerebral Palsy-Diplegic functionally affected in both legs

Athletes with Cerebral Palsy-Hemiplegic-functionally affected on one side (Ambulant Javelin, Discus, Shot Put, Long Jump 100m, 200m, 400m.

How the day will look:

10.00AM START MOVE ROUND AFTER 30 MINUTES

FIELD W/C	TRACK W/C	FIELD AMB	TRACK AMB
SHOT PUT	60/100M	SHOT	60/100/200M
DISCUS		DISCUS	
JAVELIN	200/400M	JAVELIN	400/800M
CLUB			
12.00 – 12.45 LUNCH TIME			
12.45 START MOVE AROUND AFTER 30 MINUTES			
TRACK W/C	FIELD W/C	TRACK AMB	FIELD AMB
SHOT	60/100/200M	SHOT	60/100/200M
DISCUS		DISCUS	
JAVELIN	400/800M	JAVELIN	400/800M
CLUB			
14.45 PM GROUP RELAYS/GAMES			

Session Format

Warm-up (Event Specific)
Drills (Event Specific)
Practice
Competition (Record Results)