

# SOFA15 Registration Form

Your or Parent Email address:

I agree to the Code of Conduct \_\_\_\_\_ Young Person's Signature

Young Person's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

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

Young Person's Mobile Number \_\_\_\_\_

How did you find out about SOFA? \_\_\_\_\_

Do you describe yourself as Disabled or have any additional needs? Yes / No

Please describe your ethnicity \_\_\_\_\_

Name of Parent / Carer \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

Name of someone we can contact in an emergency, other than a parent/carer

Their Name \_\_\_\_\_ How do they know you? \_\_\_\_\_

Telephone Number \_\_\_\_\_

Details of any allergies or conditions \_\_\_\_\_

Any other information which you think we should know \_\_\_\_\_

Are you confident in water and able to swim 50m? Yes / No Height \_\_\_\_\_m

Will you be supported by a Personal Assistant? Yes / No

Is there any support you need to help you participate in any of the activities? Yes / No

If Yes to either of these questions, please write details and attach to this form.

## Parent/Carer Consent

I give consent for \_\_\_\_\_ (name of young person) to participate in the SOFA15 programme, for any emergency treatment to be carried out in an accident and for photographs/film to be taken for publicity purposes for BAPP & B&NES. **I have enclosed £10 payment** which will be forfeited if the Code of Conduct is broken or you do not notify us.

Signed \_\_\_\_\_ Parent/Carer Name \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SEND £10 PAYMENT WITH THIS FORM TO:  
SOFA15, FREEPOST RSEH-ETJC-JUZG,  
Bath Area Play Project, Odd Down Community Centre, Bath BA2 2TL**