|  |
| --- |
|  |
| **Members Details** |
| **First Name** |  |
| **Surname** |  |
| **Gender** |  |
| **Date of Birth** |  |
| **Home Address** |  |
| **Postcode** |  |
| **Email** |  |
| **Emergency Contact Phone 1** |  |
| **Emergency Contact Phone 2** |  |
| **Does your child have any disability/allergies/illness/ take medication? Please detail** |  |
| **White** | **Mixed** | **Asian or Asian British** | **Black or Black British** | **Chinese or other Ethnic Group** |
| British |  | White & Black Caribbean |  | Indian |  | Caribbean |  | Chinese |  |
| Gypsy/Traveller |  | White & Black African  |  | Bangladeshi |  | African  |  | Any other |  |
| Irish |  | White and Asian |  | Pakistani |  | Any other Black |  |  |  |
| East European |  | Any other mixed |  | Kashmiri |  |  |  |  |  |
| Any other white |  |  |  | Any other Asian |  |  |  |  |  |
|  |
| Information given on this form will be held by Active Luton in accordance with the Data Protection Act 1998 and may be used by Active Luton and its working partners for administration, monitoring, promotional and statistical purposes. |
|  |