CP Sport Registration Form

**­­­­­­­Event:** BowlStart Cumbria

**Participant Details:**

Mr Mrs Ms Miss Other

Full Name:

Address:

Post Code:

Tel No.:

Date of Birth:

Age:

Email:

CP Sport Membership No.:   
  
**Parent / Guardian / Emergency Contact:**

Mr Mrs Ms Miss Other

First Name:

Surname:

Emergency phone no:

Email:   
 **How did you find out about this event?**

**Medical Details:**

Do you have cerebral palsy? Yes No

Please indicate if you have any medical conditions or any other special requirements we should be aware of e.g. asthma, allergies.

**Mobility:**

Ambulant Frame Cane/Crutches

Wheel Chair Power Chair

I give permission for the named participant to take part in this CP Sport event. In the event of an accident or emergency, I give permission for any immediate treatment deemed necessary by a qualified first aider/medical practitioner.

**Would you like to receive regular e-mail updates through our CP Sport newsletter?**

Yes No

**Participant signature   
(parent/guardian if under 18 years)**

**Date:**

**Event: Lincoln BowlStart Cost: £3**

**Membership details**

**Why not take advantage of our membership scheme?**

**Already a member – Enter Membership Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To benefit from CP sport members discount I wish to apply for: (please √ appropriate box)

**Annual Membership – Adult Member £15**

**Annual Membership – Junior Member (19 yrs and under) £10**

**Payment** should accompany the application form (please tick you selected method of payment)

* I wish to pay by BACS transfer:

For payments by BACS please enter your Surname as the payment reference. Please transfer the correct amount to:

Account Name: **C P SPORT** Sort Code: **30-95-42** Account Number: **58689468** Name of Bank: **Lloyds**

* I wish to pay by Credit/ Debit card (there will be a 2.4% surcharge on all payments by credit card)

**Card Type:** Credit / Debit (delete as appropriate) **Card Number:**

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**Card Start Date:** \_ \_ / \_ \_ **Card End Date:** \_ \_ / \_ \_ **Issue Number (Switch card only):** \_ \_

**Card Security Number:**  **(last 3 digits on signature strip)**

**Cardholder’s name and contact details (if different from participant name above):**

**Name: ………………………………………......... Address: …………………………………………………**

**………………………………………………………………………...... Post Code: ……………………………**

**Email: …………………………………………………………………. Telephone: ……………………………**

**Signature: ……………………………………………………………. Date: ……………………………………**

**­­­ Donations**

*Cerebral Palsy Sport relies on the kindness of people like you to help fund a programme of sporting events and activities for children, young people and adults with cerebral palsy. If you would like to make a donation to support more people with cerebral palsy to reach their potential through sport please tick box and state amount you would like to donate. Thank you.*

*I would like to help by donating £…………… to Cerebral Palsy Sport****.*** *I understand that I must have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each tax year, that is at least equal to the tax that Charities & Community Amateur Sports Clubs (CASCs) I donate to will reclaim on my gifts. I understand that other taxes such as VAT and Council Tax do not qualify and that CP Sport will reclaim 25p of tax on every £1 that I give. If a UK taxpayer please tick here.*

