

REGISTRATION FORM

Please complete the form below and return to the Inspire Centre.
All cheques must be made payable to "Calderdale College"

PERSONAL DETAILS

First Name(s): Surname/Family Name:
Address:
Postcode: Date of Birth:
Landline Tel: Mobile:
Email Address:

EMERGENCY CONTACTS

Contact 1

First Name(s): Surname/Family Name:
Address:
Postcode: Relationship to you:
Landline Tel: Mobile:
Email Address:

Contact 2

First Name(s): Surname/Family Name:
Landline Tel: Mobile:

ADDITIONAL INFORMATION

Health & Illness information

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Do you require any extra support requirements in or out of class?

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Sport club(s) affiliated to

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Previous teams played for & preferred position

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