

'Time to Shine' 24 – 27th August 2010

Participant Details

Young person's name _____

Date of birth _____

Gender Male Female _____

Address _____

Post code _____

Borough _____

School/College Attended _____

Home phone number _____

Brief description of young person's
impairment _____

T-Shirt Size (XS/S/M/L/XL/XXL)
(Please specify based on adult sizes) _____

Is the applicant a wheel chair user?
(Please tick if applicable)

- Manual Rigid Frame
- Manual Folding Frame
- Powered

If applicant is ambulant do they use a
mobility aid?
(Please tick if applicable)

- Mobility Aid required
- Mobility Aid not required

Special transport requirements
(e.g. If the applicant needs to be carried) _____

Special dietary requirements
(Please state all requirements) _____

Any other requirements
*(e.g. in relation to religious beliefs or the provision
of medicine)* _____

Parent / Guardian – Details

Name _____

Relationship to applicant _____

Address _____

Post code _____

Home phone number _____

Mobile phone number _____

Work phone number _____

E-mail address _____

Care Needs

Please indicate the applicant's daily care needs (it is important that you provide as much detail as possible here if the applicant will be attending independently)

***If full time support is required to be arranged by 'time to shine' please inform your borough representative in this section*

There will be an Official Photographer at the event, please indicate whether or not you are happy for photos to be taken of the applicant and used to promote sport for other children/young people with disabilities by WheelPower and the Boroughs

- Yes
 No

In the event the applicant requires urgent Medical Treatment please indicate whether you give permission for this treatment to be given

- Yes
 No

If it is deemed necessary for the participant to be accompanied by a carer/family member please provide his/her details below

Name of carer/family member _____

Address _____

Post code _____

Home phone number _____

Mobile phone number _____

Special transport requirements
(e.g. If the accompanying carer/family member requires support getting on/off transport)

Special dietary requirements
(Please state all requirements)

Any other requirements
(e.g. in relation to religious beliefs and any other important information for organiser's)

Sign - Parent / Guardian _____

Please return this form by:
Friday 16th July 2010 to:

Your Borough Representative
