

## Activity Registration Form

<b>New LPS Registration Form</b> <b>Must be completed ONCE ONLY for each separate activity</b> <b>Responsibility of the Lead Activity Organiser</b>			
<b>Activity:</b>		<b>Membership No:</b>	M-
<b>Venue:</b>			
<b>Forename:</b>		<b>Surname:</b>	
<b>DOB:</b> <small>(if under 16)</small>		<b>Gender:</b>	
<b>Mobile/Phone number:</b>			
<b>Emergency contact name &amp; number:</b>			
<b>Address: if non-member:</b>			
<b>Name of Vaccine</b> <small>COVID-19 - 1st (AstraZeneca, Pfizer, Moderna, Johnson &amp; Johnson)</small>		<b>Date Vaccine given:</b>	
<b>Name of Vaccine</b> <small>COVID-19 - 2nd (AstraZeneca, Pfizer, Moderna, Johnson &amp; Johnson)</small>		<b>Date Vaccine given:</b>	
<b>Does the person have a history of chronic illness?</b> <small>(Only on participant agreement)</small>	<b>Yes</b>		<b>No</b>
<b>Does the person have any allergies?</b> <small>(Only on participant agreement)</small>	<b>Yes</b>		<b>No</b>
<b>WhatsApp Group</b> <small>(Consent given by participant to be included in Group)</small>	<b>Yes</b>		<b>No</b>
<b>Pictures</b> <small>(Consent given by participant to post on Social media)</small>	<b>Yes</b>		<b>No</b>
<b>New LPS accepts no liability for any injury or loss/damage to belongings during any event undertaken by our members</b> <b>Individuals play at their own risk and need to play responsibly</b>			
<b>Signature:</b> <small>(If under 16, parental signature required before activity commences)</small>			
<b>Signature:</b>			
<b>Date:</b>			