



**URBAN MOTION C.I.C**

**Registration Form - LIMITLESS**

**Please fill in the form below with all relevant information.**

**NAME OF PARTICIPANT**

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**AGE OF PARTICIPANT**

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**PARENT / CARER NAME**

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**EMERGENCY CONTACT NUMBER**

Please provide a contact number for a parent, guardian, carer or emergency contact.

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**PLEASE PROVIDE INFORMATION ABOUT ANY MEDICAL CONDITIONS OR DISABILITIES THAT THE PARTICIPANT MAY HAVE. THIS INFORMATION WILL HELP US ENSURE THE SAFETY AND WELL-BEING OF THE PARTICIPANT DURING THE PROGRAMME.**

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**WE MAY WISH TO TAKE PHOTOS, VIDEOS OR ALLOW PRESS PHOTOGRAPHY OF THE PARTICIPANT FOR PROMOTIONAL PURPOSES. THEY MAY APPEAR IN PUBLICATIONS, ADVERTISEMENTS, WEBSITES OR SOCIAL MEDIA. TO COMPLY WITH THE DATA PROTECTION ACT 1998, WE NEED YOUR PERMISSION. MAY WE TAKE AND USE THE PARTICIPANTS IMAGE FOR PRINTED PUBLICATIONS, TELEVISED PUBLICATIONS, PROMOTIONAL ADVERTISEMENTS, WEBSITES AND SOCIAL MEDIA POSTS?**

**SIGN HERE - \_\_\_\_\_**

All information provided in this form will be treated and handled by URBAN MOTION C.I.C in accordance with the Data Protection Act and other applicable data legislation in the United Kingdom. We are committed to protecting your personal information and ensuring its confidentiality. Your data will be used solely for the purposes stated in this registration form and will not be shared with third parties without your explicit consent, except where required by law.