**Redborne School Sport Partnership – Event Register**

School Name……………………………………………………………………………………………………………………………………

Supervising Staff Name……………………………………………………………………………………………………………………

Supervising Staff Contact Number (in case of emergency post event)………………………………………………

**Please bring this register with you to the event**

| **Pupil Name** | **Medical Details** | **Photo Consent** |
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**Total Number BOYS .............................. Number of BOYS with SEND\*……………………………………**

**Total Number GIRLS …………………………….. Number of GIRLS with SEND\*……………………………………**

**Total Number of BAME\* Participants ………………………………**

**\*SEND- Special Educational Needs and Disabilities**

**\*BAME- Black, Asian and Minority Ethnic**

PLEASE NOTE IT IS THE RESPONSIBILITY OF ALL SUPERVISING STAFF TO DISMISS PUPILS TO PARENTS/ CARERS AT EVENTS