



Youth Sport Re-engaging Programme 2016

Referral Form

YOUNG PERSON'S DETAILS

Name: _____ D.O.B _____ Age _____

Address: _____

Telephone: _____ E-mail: _____

EDUCATION DETAILS

Name of school/education facility attending if relevant:

_____ Current Level: _____

EXTERNAL CLUB INVOLVEMENT

Is the young person currently involved in any club, sport or other at present? YES NO

If YES give details _____

What level of participation is the young person at within the club? (Participant, volunteer, coach)

RE- ENGAGEMENT INTEREST

What sport/physical activity was the young person previously involved in?

Main reason for leaving the club/group?

What sport/physical activity is the young person hoping to re-engage in?

At what level does the young person want to engage? (Please tick)

Recreational Participation Competitive Participation Coaching Volunteering

REFERRAL AGENCY

Name of referral agency: _____

Referral agent: _____ Position: _____

Telephone: _____ E-mail: _____

What is your main reason for referring this young person?

Signature of Referral agent: _____

Signature of Young Person: _____ Date: _____

PARENTAL/GUARDIAN CONSENT

If the young person is under 18yrs a parents/guardian signature is required for that young person to participate in the re-engaging programme.

I consent to _____ (young person's name)
Participating in the Sports Re-engaging programme with the Youth Sports Development Officer from Waterford Sports Partnership.

Dose the young person have any illness or allergies that the YSDO/club/organization should know about?

Please list _____

Signed: _____ (Parent/Guardian) Date: _____

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