

Registration Form



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| Date: | Wednesday 22nd July 2025 |
| Cost: | £15 per person |
| Registration: | 9:30am |
| Activities: | 10:00am – 2:30pm |
| Awards: | 2:40pm – 3:00pm |

At: Tudor Hale Sports Centre, University of Chichester, Chichester, PO19 5PL



Dear Friend

We're so excited to welcome you to Personal Bests Chichester 2026! After the brilliant success of our first event last year, we're back and ready to make it even bigger, brighter and more fun. Personal Bests is a day for people with learning disabilities to try different sports, to be active and enjoy being part of a great team atmosphere.

It's not about winning — it's about giving things a go and celebrating every achievement. Our fantastic coaches and friendly volunteers will be there to support you, cheer you on and make sure everyone has a brilliant day. We can't wait to see you there!

Event information



- 6 of different sporting activities for everyone to take part in.



- Each participant will receive a FREE T-shirt and water bottle.



- Medals and certificates available to all participants

To book please complete the form on the next 4 pages. To receive a free T-shirt please return this form **by FRIDAY 29th May 2026** to Active LD by email: events@activeld.org

Any questions please call Betty on 07884 063201.

Payment of £15 by cash/cheque/bank transfer – bank details will be provided when we have received your registration form.

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Personal Information

I, would like to attend the Chichester Personal Bests event on
Wednesday 22nd July 2026 at Tudor Hale Sports Centre, Chichester.

I (name):

Tick the box the below that describes your gender.

Gender



- Male
 Female
 Non-Binary
 Prefer not to say

Date of Birth



Would you like to be grouped in a country team with people you know?

Please tick the box below to tells us if you are taking part with a learning disability group (day service, college, club or other group) or on your own.



I am part of a learning disability group

Name of Group: (.eg: TOC, Creating Chaos, etc):

I will be coming on my own so that I can meet new people there.

Please tell us about your needs (including physical or sensory difficulties).

This is so that our coaches can help you to stay safe and for you to enjoy the day.




Please tick the box (or boxes) below that best describe your needs.




- Learning Disability
 Autism
 ADHD




- Wheelchair user
 Blind (Visually impaired)
 Deaf (Hearing impaired)

| | | | |
|---|--|-----------------|--|
| Please tell us here if there anything else we need to know (medical and non-medical) to help keep you and others safe at the Personal Bests? | | | |
| | | | |
| What is the name of your learning disability, if you know it? (e.g. Down Syndrome, Prada Willi Syndrome, Fragile X, Cerebral Palsy, etc). | | | |
| | | | |
| Email address (to send event information) | | | |
| Phone number | | Postcode | |
| Emergency Contact Name | | | |
| Emergency Contact phone number | | | |

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|---|--|---|
|  Photographs | <p>The event organisers would like to take photographs and video to tell people about the Personal Bests.</p> <p>These images may appear in printed publications, websites, social media and local press.</p> <p>Please tick (✓) below to tell us if you are happy for us to use your image in this way.</p> | |
| |  | YES I give my consent for photos or videos to be taken of me <input type="checkbox"/> |
| |  | NO, I do not consent for photos or videos to be taken of me <input type="checkbox"/> |

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|--|--|--------------------------|--------------------------|---------------------------------|
|  T-shirts | Active LD will be supplying T-shirts to those who register by Friday 29 th May 2026. Please tick the size you need (✓) | | | |
| Small | Medium | Large | Extra Large | Other (please state size below) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other size T-shirt (e.g. 2XL, 3XL or 4XL).....

| | | |
|---|--|--------------------------|
| Newsletter  | Active LD would like to stay in touch and to tell you about our events and activities, like the Personal Bests. We send our newsletter by email 3-4 times a year. You can unsubscribe at any time. | Tick here (✓) |
|  | Yes, I am happy to receive Active LD's newsletter | <input type="checkbox"/> |
|  | No, I would prefer not to receive Active LD's newsletter | <input type="checkbox"/> |

Important message: Personal Best “disclaimer”:

Before you take part in this awesome event, here are a few things you and your carer(s)* need to know:

- You're joining the event because you want to – it's your choice, and you're doing it at your own risk*. That means if you get hurt or something goes wrong, the organisers will not be held responsible.
- Please make sure you are healthy and fit enough to join in. If needed, check with your doctor first. This event might be physically challenging on your body, so it's important you're ready!
- If you start to feel unwell or get hurt before the event, it's best to sit this one out. We do not want the Personal Bests to make you feel it worse.
- You are in charge of your own safety.* You also need to help keep others safe by being kind, careful, and following the organisers' instructions.
- Participants are asked to bring with you the support you need to have a fun and safe time. Our lovely volunteers are there to help everyone have a great day, but please note – Personal Bests volunteers are not support workers or carers.
- If there's an emergency and you need a doctor or first aid, the event staff will do their best to help you quickly. If needed, they will call your emergency contact. If your emergency contact can't be reached straight away, the event staff will ask a first aider or doctor to give you the help you need.

Most of all – have fun, try your best, and enjoy the day! 🌟

Please tick (✓) in the box below to show that you have read, understood and agree with the disclaimer section above.

Tick here 

Agreement

I have read and understand this form. I confirm the information I've given is correct.

*For participants who require support, please can a family member/guardian/power of attorney or deputy or day service lead provide consent on the participant's behalf.

| | |
|----------------------------------|--|
| Signature | |
| Print name | |
| *Family/Support signature | |
| *Family/Support name | |
| Date | |

Please return the completed form to events@activeld.org . If you have any questions please contact Betty at events@activeld.org or call 07884 063201.

More information about the Personal Bests can be found on the Active LD website.

www.activeld.org

