Young People's Group Membership Form 2018

Young Persons Details

Name

Date of Birth

Surname

Address

Gender M F

Young Persons Email

Does the young person have a medical condition, disability, special educational need or dietary requirement? Please tick all that apply and comment below:

Autistic Spectrum Disorder

Allergy

ADHD

Asthma

Dietary Need

Learning/Educational Need

Physical Disability

Sensory Impairment

Mental Health Issue

Other

Please provide in detail any medication or information we may need to know. Comments:

Ethnicity

White or White British ☐ Black or Black British ☐ Mixed/Dual Heritage ☐

Asian or Asian British ☐ Prefer not to say ☐ Other

Is the Young Person in

Education ☐ Employment ☐ Training ☐

Details

What are your hopes and expectations of attending the youth club sessions?

Parent/Carer/Guardian Details

Name

Surname

Relationship to Young Person

Mobile number

Telephone number

Email

Would you be interested in receiving a newsletters and updates about the youth club's activities via email?

Y N

We may take photos of the group's activities and when on trips, these photos may be used in newsletters and on social media, do you give consent for your child's photos to be used?

Y N

At all of our youth clubs we have an open door policy, please confirm if you **give consent** for your child to leave youth club independently?

Y N

Parent Signed

YP Signed

Staff Signed

Date

Any change of details please inform a member of staff immediately.