|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Young Persons Details | | | | |
| First name |  | | | |
| Surname |  | | | |
| Date of birth |  | | Age |  |
| Gender |  | | | |
| Parent/Guardian Details | | | | |
| First name |  | | | |
| Surname |  | | | |
| Mobile phone number |  | | Work phone number |  |
| Email address |  | | | |
| Address |  | | | |
| Emergency Contact Details (If different from section 2) | | | | | |
| First name | |  | | | |
| Surname | |  | | | |
| Mobile phone number | |  | | Work phone number |  |
| Email address | |  | | | |
| Address | |  | | | |
| Medical Details – For safety reasons all participants must provide information of any disability or medical condition prior to joining. All changes must be updated in writing. | | | | | |
| GP Name | | |  | | |
| GP Surgery | | |  | | |
| Surgery phone number | | |  | | |
| Allergies | | |  | | |
| Disabilities/Learning difficulties | | |  | | |
| Any medication to be brought to the club | | |  | | |
| Declaration | | | | | |
| I am the parent/guardian of the young person named above and I consent to them attending activities organised by Donisthorpe Youth Club. This includes off site provision on the trails for sports activities | | | | | |
| I give consent for my child to be taken for treatment in the event of an emergency | | | | | |
| I give consent for the Youth Club to take photographs of my child at Youth Club and that these may be used for publicity and marketing purposes including website & social media, however my child’s name will never be mentioned on the posts | | | | | |
| I give consent for my mobile number and email address to be held on file for the purposes of communication | | | | | |
| I wish to be added to the parents WhatsApp group | | | | | |
| I understand that I am responsible for ensuring my child is brought to and collected from Youth Club, or will allow my child to make their own way | | | | | |
| Signatures – Youth Club works on a 3 strikes rule, 3 strikes and YOU’RE OUT! Therefore any member breaking the rules will be asked to leave and parents called | | | | | |
| Parent/Guardian | | |  | | |
| Date | | |  | | |
| Member – I confirm I have read the rules and confirm to abide by them and the club code of conduct | | |  | | |
| Date | | |  | | |