

Young Person Membership/Registration Form

First Name.....Family Name..... Male /Female.

Date of Birth.....Age.....

Home Address .....
.....(Please include postcode).....

Home or Parents Telephone Number:.....Your Mobile: .....

Do you consider yourself to have a disability Yes/No (Please circle)

Ethnic Origin: It is very important to us to know that we are in contact with young people from all backgrounds so please tell us what your ethnic origin is.

Table with 2 columns and 5 rows: White - British, White - Irish, Black or black British - African, Black or black British - Caribbean, Any other Black background

Table with 2 columns and 4 rows: Asian or Asian British, Chinese, Other ethnic group Please specify:, Mixed heritage - please specify

Signed..... Date.....

## PARENTAL CONSENT FORM

### ELMSWELL YOUTH CLUB

The Youth Club offers the opportunity for young people to try new activities, meet friends and take part in a range of educational activities. On occasion young people may be involved in learning about, or may have conversations about health education, sex education or social and political education. These activities may take place in different venues around the village but we will always try to let you know in advance where we will meet. Currently we have been offered a space at the Fire Station.

In an effort to offer varied activities, outings are occasionally organised to other venues and commercial organisations such as **swimming pools** and sports events or cinemas. Transport may be provided for these events and separate permission forms will be issued to young people for these activities.

The project will establish reasonable rules for the conduct of participants, from time to time it may be necessary for us to take reasonable action to address issues concerning behaviour in the interests of all participants. We would also like to remind parents/carers that when young people attend a youth club or other open 'drop in' sessions that **they are free to enter and leave the building at any time**. Youth workers cannot be responsible for their safety or behaviour when they are outside of the building although we take safety very seriously.

We may offer young people supervised access to the Internet so that they may obtain relevant up-to-date information and exchange messages with other internet users. Parents/carers should be warned that some material accessible via the Internet may contain items that are illegal or offensive to some people. All access is supervised but ultimately parents are responsible for setting standards about what their son/daughter should follow when using media and information sources.

**As part of the work with young people youth workers occasionally take photographs or videos of various activities. These may then be used to promote and celebrate the work in a number of places including the press, publicity materials and/or websites on the internet. Young people like to see pictures of themselves but there may be reasons that we should not use their image.**

**WITHDRAWAL OF PHOTOGRAPHIC CONSENT: If you do not want photographs or videos of your child (or yourself if over 16) used within the project please sign below:**

**I do not wish pictures to be used. Signed -**

Youth workers may record young people's attendance at youth work projects and any achievements by the young person, if you have any concerns about this please contact the worker named on the reverse of this letter.

Please fill in full details on the other side of this form. Thank you.

**I have read the details and I consent to .....**

(Name of young person) taking part in the general activities outlined overleaf I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my son/daughter during the activity/visit.

By signing this form you consent to your son/daughter taking part in the project's general programme as outlined above. For 'hazardous' activities or visits or any activity involving an overnight stay, you will be asked to give specific written consent.

I consent to my son/daughter receiving medical treatment, which, in the opinion of a qualified medical practitioner, is necessary.

**His/her doctor's name and address is - .....**

.....

**Doctors telephone Number- .....**

It is important that the organising staff know whether your son/daughter suffers from any illness or medical condition. Please state in confidence, in the box below, of any health or other matters concerning him/her of which accompanying staff should be aware. You may also choose to inform staff if he/she is receiving medication, with details and dosage, and if he/she has any specific dietary requirement or allergies.

**Parent/Guardian**

***Please print your name here - .....***

*(If 16 years or over please sign yourself)*

**Sign: ..... Date: .....**

**Your address: .....**

.....

**Postcode: ..... Tel Number: Mobile..... Landline .....**

**Please give an Emergency contact number- .....**

**Address at which you could be contacted if different from above- .....**

.....

Add notes about health or other matters here.

**Please let us know if any of the above details change.**

When completed, return to: Claire Frank, Elmswell Youth Club, c/o Elmswell Parish Council.  
Telephone for questions and enquiries - 0776 23 23 164