



REGISTRATION FORM


Name of Young Person :

Address :

School :

Age :

Name of parent / carer :





Medical Information

Medical Details (Please include any known medical conditions, disability, food allergies, special requirements or detail of any medication currently being taken :

Has your child received a tetanus injection in the past 10 years? :

Yes :

No :



Photo Consent :

We may on occasion take still photographs and/or moving images, being video footage and/or frames/or audio footage of your child. Material may be used on websites, advertisements, marketing, leaflets, or any other use, such as training, educational or publicity purposes.

I give permission for CYC to take images / video / audio of my child for the purposes outlined above

Yes :

No :

Details of any circumstances that you do not wish your child's images to be used. Please give details:

Please tick to confirm you are happy for your child's images or video to appear on the following Social Media platforms



Who to contact in the case of an emergency

1 Name:	Relationship to young person:	
2 Name:	Relationship to young person:	
3 Name:	Relationship to young person:	

Declaration

I give my permission for my child to leave the youth club unaccompanied during sessions / at end of session

Yes :

No :

I give my permission for leaders to seek professional medial help for my child in the case of an emergency

Yes :

No :

Signature of parent / carer / or adult with parental responsibility :

Date:

Data Protection

The information on this form will be kept in a paper file in a locked cabinet accessible by the Cookley Youth Club Committee and Volunteers.

Office Use Only

Membership Fee:

Received by / date:

Membership ID No.