

Young person's details

Full Name:	
Address:	
Date Of Birth:	School Year:
Telephone number:	Mobile number:
Young Person's Email:	

Parents/Guardian Contact Details and Emergency Contact Details

Parent/Guardian Name:	Relationship to young person:
Contact Number:	
Parent/Guardian Email (required) :	
Alternate Emergency contact details	
Name:	
Tel:	Mobile:
Relationship to young person:	

Medical

Doctors name:	
Address:	Tel. No.
Does your child have any medical conditions? (please circle) YES / NO	
If YES please give details (use extra sheet if necessary)	
Does your child have any allergies? (please circle) YES / NO	
If YES please give details (use extra sheet if necessary)	

Declaration

Every effort is taken to ensure safety and well-being, however in the unlikely event of illness or injury, and/or I cannot be contacted, I am willing for my child to receive any necessary medical (including dental) treatment, which may involve an anesthetic, as is recommended by an appropriately qualified person. I understand that every effort will be made to contact me as soon as possible.

I **will/will not*** allow photographs and/or video of my child _____ to be used in Horsham Matters, Community youth work publicity, including online, social media and/or website use.

I **confirm** the above information to be complete and correct to the best of my knowledge. I undertake to inform the group leader should any of the above information change over the course of the next 12 months.

I **consent** to the above named member being able to take part in activities arranged by Horsham Matters Community Youth Work and confirm that I am responsible for my child's safety whilst travelling to and from the Youth Club.

I **have read** and understood the Horsham Matters, Community youth work Guidelines (Below) and will ensure that my child abides by them.

I **agree** to my child's records being kept in Horsham Matters computer database. I acknowledge that the purpose of the database is to assist in the recording of data and for contact purposes.

Signed (Parent/Guardian*) _____ Date _____

Please note that the information given on these forms will remain confidential within the staff team of Horsham Matters, community youth work.

Community Youth Work Guidelines for all groups.

Respect Everyone - Including staff that you come into contact with by your actions and your words.

Respect the facilities - including equipment.

No obscene or abusive language - directed to other members of the group or staff.

No alcohol or illegal drugs – if you are believed to be under the influence of any of these substances you will be refused entry

No weapons

We operate a Three Strike system
First warning
Final warning
Home