

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	Tick to Consent	
I acknowledge that 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 recommended by an appropriately qualified person. I understand that every effort will be made to contact me as soon as possible in these circumstances.		
To comply with the Data Protection Act 1998 and the new General Data Protection Regulation (May 2018), we need to ask your consent before Horsham Matters, Community Youth Work may record any images, photo or video of your child/ward. These images will only be used for the purpose of promoting our services through reports to funders or the local community, our website and in social media. We will not use a young person's name or other identifying data in any image publication nor in any way not indicated (side) by your consent. <i>NB Many young people own and use a personal smart device. Horsham Matters cannot be held responsible for any images taken and uploaded to social media by member's friends and peers.</i>	Reports	
	Website	
	Social Media	
	I do not Consent	
I confirm the above information to be complete and correct to the best of my knowledge. Any personal information such as name, postal address, telephone number, and email address given via this form will only be used to provide the requested service and will not be disclosed to any other third party unless you have given consent or we are required to do so by law. Horsham Matters will retain this data for a period of two years upon which time we will request an updated form to be completed. We request that if there is any changes to your details within this time that you inform your youth club leader. If you have a query about how your personal data is used by Horsham Matters please contact the Data Protection coordinator – Dan Fairchild at dan.fairchild@horsham-matters.org.uk. Consent may be withdrawn at any time by contacting this email address.		
I consent my child/ward being able to take part in activities arranged by Horsham Matters Community Youth Work. I confirm that I am responsible for my child's safety whilst travelling to and from the Youth Club. If any activity does not take place in the youth club then separate consent will be sought.		
I have read and understood the Horsham Matters; Community Youth Work Guidelines (Below) and will ensure that my child abides by them.		

Signed (Parent/Guardian*) _____

Date _____

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