**The Zone- Lindridge Parish Hall Youth Club**

**Registration Form**

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| **Child/Young Person Information**Name of child/young person:Date of Birth: Age: Home address:Telephone No. Home: Mobile:Email address:  |
| **Parent/Carer Information**Parent/Carer Name:Tel No. Day: Evening: Mobile: |
| **Second Contact Details** Please give an alternative contact name and details in case of emergency.Contact name: Relationship to child (eg neighbour, aunt etc):Address:Telephone no: Mobile:  |
| **Does your child have any conditions/requirements we need to be aware of (eg allergies, medical, disability, injuries, personal or religious beliefs)? YES / NO** If yes, please give details below:**Any other comments or information you feel may be useful:** |

**Declaration**

* I understand that this consent form covers my child to take part in all activities.
* I will inform the Youth Leader if any information requested on this form changes.
* I ensure that my child understands as far as reasonably possible that it is important for their safety and the safety of the group as a whole that any instructions given by staff in charge are obeyed.
* I agree for leaders/youth workers to give permission in an emergency for my child to receive any medical, dental or surgical treatment which is considered necessary by a medical authority.
* My child **can/cannot**\* make their own way to and from The Zone Youth Club unaccompanied.
* I **do/do not\*** give my permission for any photographs or videos to be taken of my child whilst involved in group activities and used for display or publicity purposes.

*(\*Please delete as appropriate.)*

**Signed:…………………………………………… Date:……………………………………..**

**Relationship to young person…………………………………………………………………………………………**