

## YOUTH CLUB MEMBERSHIP FORM

Foreal Youth Work Providers work with young people aged 8 to 18 (21 with additional needs), we have been commissioned to deliver youth work in your local community. Our Youth Clubs and Projects provide a range of opportunities that will be fun, challenging, and can help young people to work through some tough choices that they may face. These will range from social events to excursions and recreational activities, sports, or artistic and creative opportunities. As well as helping you deal with some of the challenges surrounding your age group, and advice on relationships and the key issues that effect them.

<b>MEMBERS DETAILS:</b>	
Young Person First Name:	
Young Person Last Name:	
Young Person Date of Birth:	
Address and Postcode:	
Home Telephone No.	
Mobile No.	
Email Address	

<b>EMERGENCY CONTACT DETAILS:</b>		
	Contact 1 (Home Contact)	Contact 2
Name:		
Relationship to child:		
Telephone Number:	Home:	Home:
	Mobile:	Mobile:

<b>MEDICAL INFORMATION</b>	
The following medical information is collected to ensure that the Project has relevant information for providing activities and dealing with incidents requiring medical knowledge.	
Name of Family Doctor:	
Surgery Name:	
Postcode:	
Telephone No:	
<b>Details of any allergies and Medical Conditions:</b>	

**GROUP INFORMATION, DATA PROTECTION PHOTOGRAPH AND MEDIA PERMISSION CONSENTS**

Foreal Youth Work Providers CIC and The Youth Club Committee collect this personal data on the grounds of health and safety purposes only. It provides us with information to ensure we keep our members safe. The data collected will allow us to keep parents informed of any trips, activities, incidents or behaviour issues that may occur during our sessions. It will not be shared with other agencies unless we feel your child is at risk of significant harm, it would then be shared with The Police and other relevant safeguarding agencies. If it becomes necessary for the above named child to receive any emergency dental or medical treatment and you cannot be contacted by telephone or any other means to authorise this, you give general consent to gain access to any necessary dental or medical treatment and authorise the Authorised Party Leader to sign any documents required by the Hospital Authorities.

The data collected here will be stored securely and records kept for the current years membership plus 1 year as legislation suggests.

Occasionally, we may take photographs or video footage of your child. We may wish to use these images in the club or potentially for use for other publications, websites and media. To comply with the Data Protection Act 2018 we need to gain parental permissions to allow this, please see tick box below.

For young people attending sessions that are for school Year 6 and under please indicate your parental consent for them to walk home alone, if this is the case. For members that are Year 7 and above please be notified that we operate an open door policy, which gives freedom of movement to young people. Please discuss with your child any limitations you may have and please feel free to further discuss with a youth worker if necessary.

**PARENTAL CONSENT DECLARATION**

For purpose of Data Protection please tick to indicate your consent to use and share images via social media sites and other publications.

(Please Tick to consent)

I give consent for my Child who is School Year 6 or under permission to walk home alone

(Please Tick to consent)

**PARENT/GUARDIAN SIGNATURE:**

**DATE:**

**YOUNG PERSONS AGREEMENT**

I have read the Youth Centre/Project ground rules and agree to abide by them. I understand my membership may be withdrawn or suspended at any time if I break them.

<b>Young Person's Signature:</b>		<b>Date:</b>	
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