Ilfracombe Youth Club Registration Form

Please note that the personal information you supply on this form is for the use of the youth leaders at Youth Club and is not available to any other individuals or groups.

This means that we will not disclose any details provided without your permission and they may only be used in connection with attendance at the youth club.

Details of Young Person

Name _____ Date of Birth _____/_____/_____

Address_____

_____ Post Code _____

Phone number / email (if you have one) _____

Gender identity _____

Ethnicity _____

Please tick if any of the following apply to you:

- LGBTQIA+ ☐
- SEND ☐
- Child in Care ☐
- Child in Need ☐
- Child Protection ☐
- Young Carer ☐
- Young asylum seeker ☐
- Disability ☐
- Mental health condition ☐

If you have ticked any of the boxes, please give any additional information

_____

_____

Emergency Contact Details

In the event of an emergency relating to your child please provide the details of TWO people below whom we can contact.

Emergency Contact 1- Parent or Guardian

Adult Emergency Contact Name _____

Contact Telephone Number _____

E-Mail (Please see tick box on Page 2)

_____

Emergency Contact 2-

Adult Emergency Contact Name _____

Contact Telephone Number _____

Medical Information

Are there any medical conditions or medications (i.e. allergies, epilepsy, asthma, diabetes, travel sickness etc.) which we should be aware of?

_____

_____

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

_____

_____

Photo/video consent form I give permission to take photographs and/or video of my child/ward. I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Children will not be identified by name in any publicity.

If you are over 13, please read the consent statement & tick box if applicable.

Tick box ☐

Parent/Guardian Consent Agreement

I agree to my child/ward becoming a youth club member and can participate in the activities/events run by the staff team.

I understand that every care will be taken to ensure the health, safety and welfare of my child/ward.

I realise and accept that in the event of my child's/ward's behaviour adversely affecting the safety of the activity, the youth club staff team reserves the right to ask for my child to be collected from the session or remove them from a session if required.

I consent to my personal details being held for the purposes of EMERGENCY CONTACT ONLY

If you are over 13, please read the statements & consent for yourself.

Tick box ☐

Use of Email Address- I agree to my email address being used by the club to notify me of CLUB OPENING TIMES, ADDITIONAL OPPORTUNITIES and EVENTS.

Tick box ☐

Name _____ Signature _____Date____/____/____

If you are completing this form online, please complete and send a copy to youth@ilfracombetowncouncil.gov.uk .