



CHALLOCK YOUTH CLUB MEMBERSHIP FORM



Please complete ALL SECTIONS.

All information supplied on this form will be treated with complete confidence. This form to be countersigned by a PARENT OR GUARDIAN if you are under 18 years of age.

Full Name..... Date of Birth.....

Home Address.....

..... Postcode.....

Telephone Nos: Home..... Mobile

Email Address.....

School.....

Hobbies and Interests.....

Parents/Guardian Details

Name.....

Address.....

..... Postcode.....

Tel: Day..... Eve..... Mobile.....

2nd Emergency Contact

To be contacted only in emergency if parent/guardian can not be contacted

Name.....

Address.....

..... Postcode.....

Relationship to Young Person.....

Tel: Day..... Eve..... Mobile.....

Family Doctor

Name.....

Address.....

.....

Tel: Day..... Eve.....

Medical Information

Does the member (a) have any conditions requiring medical treatment (e.g. asthma, diabetes, epilepsy); (b) need to take any medication (e.g. Ritalin, inhaler) or (c) have specific requirements to enable full participation in our programme of activities (e.g. wheelchair access, large print)?

YES/NO
(please delete)

If YES, please give details.....
.....

Can the member be responsible for taking their own medication?

YES/NO
(please delete)

If NO, please provide full information and discuss with our club leader.

Please give approximate date of the members last tetanus injection.....

Does the member have any allergies? (e.g. medicines, foods, plasters, nuts, stings etc.)

YES/NO
(please delete)

If YES please give details
.....

Medical Consent

Please tick one of the following boxes to let us know that you agree or disagree to the member receiving necessary medical treatment:

I agree to the member receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities.

I disagree to the member receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities.

I understand that the club staff or committee may wish to discuss my child's membership with me as a result of my wish. I disagree for the following reasons:

Parent/Guardian Consent

I agree to the above named person being a member of Challock Youth Club and participating in the club's activities. I understand that the Youth Club may in the interest of the group decide not to involve my child on a particular 'activity' if I do not agree to let my child participate fully. I acknowledge the need for HIM/HER (please delete) to behave responsibly at all times and to follow the rules of the youth club.

Signed.....

Date.....

Member's Signature

Signed

Date.....