

Long Buckby Youth Centre

I would like to become a member of Long Buckby Youth Club and I agree to behave in accordance with the rules of the club.

Name	Date of Birth
Address	
SIGNATURE OF MEMBER	
DATE	
Any known medical conditions	
Allergies/special dietary requirements	
Court order details (if applicable)	
GP Details	
Name of GP	
Address	
Telephone	

Parent/Carers details

First Contact
Name
Mobile
Home
Work
Email
Second Contact
Name
Mobile
Home
Work
Email

I give my permission for my child to attend Long Buckby Youth Club and to take part in the normal activities. I understand that items and money brought to the club are the responsibility of my child.

I give my consent to any necessary medical or dental treatment (including an anaesthetic) that may be necessary in the event of an emergency and/or if I am not contactable	YES/NO
I give permission for information to be stored on a PC	YES/NO
I give permission for videos and photographs to be taken	YES/NO
Seniors only I give permission for my child to walk home unaccompanied	YES/NO
In addition to those named above, I give permission for my child to be collected by (name and mobile)	

Signature of Parent / Carer

PRINT NAME

Date