

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 MEMBERDATE |
| 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 onlyI 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