|  |  |
| --- | --- |
| Centre/Project Registration for: |  |

Child/Young Persons Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child/Young Person Full Name | |  | | |
| Address |  | | | |
| Postcode |  | | Home Phone Number |  |
| Date of Birth |  | | Current Age |  |

Parent/Guardian Information Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Name |  | Emergency Contact Name |  |
| Relationship |  | Relationship |  |
| Mobile Number |  | Mobile Number |  |
| Telephone Number |  | Telephone Number |  |

Medical Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Doctor |  | Doctor Telephone Number |  |
| Details of any known conditions, allergies, including those relevant to any offsite activities. (e.g. Autism, ADHD, Asthma, Diabetes, Epilepsy, Allergies) | | | |
|  | | | |
| Details of any medication currently being taken for the condition | | | |
|  | | | |

Educational Background

|  |  |  |  |
| --- | --- | --- | --- |
| School Attended |  | Current Year |  |

Activity/Programme Options

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If available at this centre/project do give consent for child/young person to have access to the ICT Facilities and Internet *(see registration pack page xx)* | **YES** |  | **NO** |  |
|  | | | | |
| Some centres/projects also provide online group work through online video conferencing, do you give consent for your child/young person’s participation | **YES** |  | **NO** |  |

|  |
| --- |
| Details of any activities or programmes you would not want your child/young person to participate in |
|  |

Using images of young people

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| May we use your young person/child’s image in our printed promotional publications? *(see registration pack page XX)* | **YES** |  | **NO** |  |
|  | | | | |
| May we use your young person/child’s image in the local press?  *(see registration pack page XX)* | **YES** |  | **NO** |  |
|  | | | | |
| May we use your young person/child’s image on our website?  *(see registration pack page XX)* | **YES** |  | **NO** |  |
|  | | | | |
| May we record your young person/child’s image on our promotional videos? *(see registration pack page XX)* | **YES** |  | **NO** |  |
|  | | | | |
| May we use your young person/child’s full-face image on Social Media?  *(see registration pack page XX)* | **YES** |  | **NO** |  |

**Leaving the premises during the session, or before the session has ended.**

|  |  |  |
| --- | --- | --- |
| I agree and have read the section in the Parent/Guardian Information Pack *(see registration pack page xx)* relating to leaving the premises early and understand that the youth club will not be responsible for the young person once they have left the premises. | Agree |  |

|  |
| --- |
| **Please detail any relevant information about your young person which will help us provide a safe and inclusive service for them** |
|  |

**COVID-19 Test, Trace, Protect**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you **grant permission** for Your Organisation to share your child/young person’s details with PHA Test, Trace, Protect, if requested by the service | **YES** |  | **NO** |  |

By signing this form:

* I confirm that I have received and read the Parent/Guardian Information Pack
* I will inform the Youth Worker in Charge of any changes to my child’s health, medication or needs which could affect their participation in activities
* I will inform the Youth Worker in Charge of any changes in address or relevant numbers given above
* I will discuss with my child acceptable behaviour and insist they follow the anti-bullying policyof the club and all other relevant policies within
* I have read the Protection Policy Statement and I will co-operate with the Youth Centre staff in its implementation and enforcement if and when necessary

**Data Protection Statement**

(insert your own organisation data protection statement)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Guardian)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_