

Membership Form

Childs name _____ Date of Birth _____

School attended _____

Parent or carer details:

Address _____ Post Code _____

Contact number _____ Email _____

1. I am satisfied that he/she is in good health and that his/her health is adequate to cope with the activities generally associated with youth clubs and outdoor activities.

I give consent for participation in club activities. Yes / No

2. In the unlikely event of an accident occurring, I give my permission to a member of centre 63 staff to authorise emergency medical treatment, including the use of anaesthetic if deemed necessary.

I give permission for emergency treatment. Yes / No

3. From time to time, during activities, photographs and video recordings might be taken; these may be used by Centre 63 in promotional or publicity materials.

I give permission for photographs of my son/daughter to be used in Centre 63 promotional materials. Yes / No

4. If any additional support is needs are identified in order that my child may attend I understand the lead worker may contact me directly to clarify additional support needs.

I consent to further contact. Yes / No

5. The information contained on this consent form is held by Centre 63 and may be shared with our funders.

I consent for this information to be shared with Centre 63 funders. Yes / No

Ethnicity _____

Please give 2 separate contacts to be used in case of an emergency:

Name 1 _____ Number _____

Relationship to child _____

Name 2 _____ Number _____

Relationship to child _____

Please note: It is crucial we can contact one of the two numbers in the event of emergency.

If your child has any medical conditions that may need to be taken into account while attending trips, outings, residential or activities within the centre please give details including blood group (if known) allergies or whether he/she suffers from diabetes. The following information will assist the club workers caring for your child.

- Do you consider your child to have a disability? **Yes / No**

If yes please state the nature (refer to part 4 overleaf) _____

- Does your child have any special dietary needs? _____

- Can your child swim. **Yes / No**

- Does your child suffer from **Asthma / Hay Fever / Diabetes / Epilepsy** or any other medical conditions needing medication of which we need to be aware of? _____

- Any allergies? **Yes / No**

Please state the nature (refer to part 4 overleaf) _____

- Please state Blood Group _____

- Add any other relevant information _____

Doctors name _____ Number _____

Address _____ Post Code _____

Signed Parent / Guardian _____ Date _____

How did you hear about us? _____

Centre 63 is committed to ensuring our advice provision meets the needs of the diverse community we serve. This data will only be used for statistical monitoring purposes. No identifiable information will be used in reporting to any funder.