



# MEMBERSHIP FORM

## PRIVACY NOTICE

The information provided on this form will be kept within the confidential records of Community Youth Project. In the event of an emergency, we will use this information to contact you and may need to share this information with medical professionals.

MEMBER'S DETAILS			
Name of member			
Date of birth			
Home Address			
NEXT OF KIN's DETAILS			
Name of next of kin			
Emergency Contact Nos	Mobile	Home	Work
Address (if different)			
MEMBER'S DOCTOR			
Name of doctor			
Doctor's telephone no.			
Doctor's address			
MEMBER'S MEDICAL INFORMATION			
Has the member had, or do they suffer from any of the following?			
Asthma or bronchitis	Yes/No	Allergies to any known medication	Yes/No
Heart Condition	Yes/No	Any other allergies (food, plasters, animal, material)	Yes/No
Fits, fainting or blackouts	Yes/No		
Severe headaches	Yes/No	Travel sickness or sleep walking	Yes/No
Diabetes	Yes/No	Receiving medical or surgical treatment?	Yes/No
Regular Medication	Yes/No		
Has the member been given specific medical advice to follow in emergencies?			Yes/No
Does the member have any special needs of which we should be aware?			Yes/No
<b>If any of the above answers is Yes, please give details full details on the other side.</b>			
Has the member received vaccination against Tetanus in the last 10 years?			Yes/No
PHOTOGRAPHY & VIDEOGRAPHY			
Community Youth Project staff occasionally take photographs/ videography of members taking part in activities. May we use the images of your child for these purposes?	Publicity (flyers/reports/funding applications)		Yes/No
	Website (www.communityyouth.org)		Yes/No
	Social Media (e.g. Facebook, Instagram, Twitter group)		Yes/No
CONSENT			
I confirm that I have parental responsibility for the participant and that I consider him/her fit to participate in the regular activities of community youth project.			
I understand the nature of the activities and consent to my child taking part. These activities also include age appropriate informal learning on various educational life topics.			
In the event of illness or accident, I consent to any necessary medical treatment, which may include the use of anaesthetics.			
I understand the disciplinary actions taken by the CYP staff to be the 3 warning system. (Each child is given a warning, which will be carried over if he/she does not obey the rules or puts another person in danger. On the 3 <sup>rd</sup> warning, they will be asked not to attend club for 1-2 weeks depending on severity of the actions.			
Signed by parent/ guardian:			
Print Name:			
Date of Signature:			
Community Youth Project, registered charity number 1093293 Greenham Community Centre, The Nightingales, Newbury RG14 7SZ. 01635 522566. www.communityyouth.org			