

Brampton Youth Group Registration Form

Please note that unless these forms are returned your child will not be able to take part in trips and certain activities.

Details

First Name: Last Name:

D.O.B:/...../..... Male Female

Home Address:
..... Postcode

Home Tel Mobile Tel

Email address of PARENT:

Medical Information / Allergies:
.....
.....

Emergency Contact Details; at least one emergency contact MUST be provided

Name 1 Name 2

Relationship Relationship

Contact Number Contact Number

Consent

- I consent to my child having his/her picture taken for promotional / website purposes Yes No
- I consent to my child being involved in drugs and alcohol awareness sessions Yes No
- I consent to my child being involved in sexual health awareness sessions after the age of 13. Yes No
- I consent to my child being involved in sports and other physical activities. Yes No
- I consent to my child using a computer and accessing the internet. Yes No

Any special notes or information regarding your child:
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This information will be treated confidentially at all times. Under the Data Protection Act regulations parent/carers can also request to see any information that is recorded about them or the children they have signed this consent on behalf of.

Signed _____ Print Name _____ Date ____/____/____