

MEMBERSHIP FORM 2018/2019



Parents/Guardian Name _____

Address _____ Post Code _____

Home Telephone _____ Mobile Telephone _____

New Member Existing Member

Parents E-Mail - Please print clearly

Young Person's Name _____

Date of Birth _____ School _____

Gender: Male Female

Ethnic Origin (optional): White / Black / Asian / Other _____

Who has parental responsibility for the above child? _____

Please provide details of anybody who does not have legal access to your child that we should be aware of _____

Emergency Contact (this cannot be your own address)

This Section **MUST** be completed
Please give us the details of someone local we can contact if we can't contact you.

Name _____ Relationship to Child _____

Address _____ Telephone _____

If you are at work during Youth Club hours of 19:00-21:30 please provide the following details:

Company Name _____

Company Address _____

Company Phone Number _____

Medical / Allergies

Please tell us about any medical conditions relating to your child which you feel we need to know.

Parents: I would be willing to be a volunteer for Oakley Youth Club (tick)
(Volunteers are DBS checked)

Photographs: I consent to my Child's photograph being used in the Youth Club's newsletters, website and social media pages (no names included). Please note: Photos are stored in line with our code of conduct policy.

Yes No Please tick and initial here _____

Policies: Your personal details are used and stored in line with our Data Privacy Policy. All our policies can be views on our website www.oakleyyouthclub.co.uk or on request.

In accepting a place for my child. I have read and accept the youth clubs membership policy, terms and conditions as referred to on this form.

Signed _____ Parent/Guardian _____