

SHERFIELD PARK YOUTH CLUB

Registration and Consent Form

RESPONSIBILITY AND CARE

- > We are only responsible for your child whilst they are attending the club at the designated times.
- > All children and young people will agree rules and consequences and must take responsibility for their own behaviour.
- > Please show respect for the building and use all equipment appropriately.
- > In addition to behaviour rules, the club does not tolerate bullying, threats or any form of verbal and non-verbal abuse.
- > We encourage socialising, creativity, self-expression, being artistic and generally being yourself!

Name of young person		Date of Birth	
School		School Year	
Home Address		Post Code	

Details of parent(s) or other adult(s) that have parental responsibility for the young person to be contacted in an emergency

Contact Name		Relationship to young person	
Tel No:		Alternative Tel:	
Email address			
2nd Contact Name		Relationship to young person	
Tel No:		Alternative Tel:	

From time to time, your child may be included in photographs or videos of Club activities which are used on display boards, advertising in promotional publications or on Social Media or the Community Centre Website. Please indicate whether you permit your child to be photographed or filmed.

I give consent for photographs to be used

Yes / No

MEDICAL: Please give clear details of any health problems, medical conditions or allergies affecting your child, any medication they are taking and/or any disabilities or learning needs that may affect normal activity.

In an emergency, if I cannot be contacted, I give permission for my child to undergo emergency medical/dental treatment including the use of anaesthetic as considered necessary by the medical authorities.

Yes / No

SIGNED CONSENT: I give permission for my child to take part in the normal weekly activities. I understand that separate permission will be sought for certain activities outside the weekly club.

Parent/Carer Signature _____

Date _____