



## MEMBERS REGISTRATION FORM

We keep this paper record confidential and secure in locked cabinets for the purpose of parental contact and safeguarding your child until they reach 18 years of age.  
Please inform us of any changes to this information

This form must be completed by the person with parental responsibility;  
Please complete both sides of this form in full and choose the **yes / no** options that suit your needs. Forms must be returned to Claire Richardson at the Garage Youth Centre to enable us to confirm your child's membership.



### Young Person's Details

Print Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

### Parents / Carers Details ( Please print clearly)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Email \_\_\_\_\_

NB: We will keep you up to date via your email where possible.

### Emergency Contact Details

If we are unable to contact you for any reason, we will contact the person named below. This should be a trusted person, known to your child, who we can leave an urgent message with and who can collect your child on your behalf.

Name \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

### Permission to take part in organised activities & resource access

We organise fun, playful and challenging activities that take place either at the centre or in our local area, for example a walk down to the river. These activities will take place during session hours and your child will be supervised at all times. Please Note:- For other activities/events outside session hours, further information and additional permission will be required.

I give my permission for my son/daughter to take part in both in house and localised session activities

Pls circle **Yes / No**

Full Wi-Fi Access, please understand that we do not have restrictions on our Wi-Fi service.

Downloading may be possible and other streaming as a guest user.

Pls circle **Yes / No**

### Photographic permission Consent

Do you agree to your child appearing in photographs and video footage that are taken to record our activities, projects, events and agree that these images can be used for displays, reports, presentations, publicity, and social media sites supervised by The Garage Youth Centre, Totton & Eling Town Council and other organisations deemed appropriate?

Pls circle **Yes / No**

### Disclaimer

You must understand that when participating in any activities there is always the possibility of injury. Your child is voluntarily participating at their own risk in our activities and every effort will be made to keep your child free from harm at all times. Please sign below to agree to release and discharge The Garage Youth Centre from all claims or causes of action, known or unknown, arising from your child's participation.

### Permission & record keeping confirmation

Your signature below confirms your parental consent for data retention, activity participation, Wi-Fi use, disclaimer and the use of captured images consent for your child.

Signature of Parent / Carer \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE TURN OVER TO COMPLETE THE OTHER SIDE OF THIS CONSENT FORM IN FULL**

## MEDICAL DETAILS

Staff members are qualified in First Aid. Please use a separate sheet of paper if necessary and attach to this form.

Health Questions	YES	NO	DETAILS
High or low blood pressure			
Elevated Blood Cholesterol			
Diabetes			
Chest Pains brought on by physical exertion.			
Asthma or other respiratory problems. Do they use an inhaler?			
Childhood Epilepsy			
Dizziness, fainting or blackouts			
Anxiety, social shyness or depressive tendencies			
Any Learning disabilities			
A bone, joint or muscular problem or arthritis			
Any sustained injuries or illnesses			
Any allergies			
Does your child take any medication			
Has your doctor ever advised your child not to exercise			
Any special dietary needs for your child			
Is there any reason not mentioned above why any type of physical activity may not be suitable for your child?			

If you have answered yes to any of the above, please write full details here and any Other information such as travel sickness, headaches ect that will be beneficial for us to know:

**I consent to medical emergency treatment necessary for my child:    Pls Circle    Yes / No**

Name and Address of your Childs Doctor:-\_\_\_\_\_

Telephone Number\_\_\_\_\_      National Health Service No.\_\_\_\_\_

### CONFIDENTIALITY STATEMENT

Parents must understand that Youth Workers cannot give assurance that information disclosed to them will not be passed on in circumstances where confidential information sharing is necessary for the purpose of safeguarding your child. Where possible parents and carers will be made aware of what information is being passed on and for what reason.

**Please Sign in acknowledgment of statement:**\_\_\_\_\_