

Registration Form: Young Person's Details



PLEASE READ CAREFULLY

We would like permission to keep your details on file, these details will be held by TYC to contact you if needed and alert you if there are medical issues.

Your details will be stored securely and not used for any purposes other than our records.

Young People must give consent AND Parents/Carers must give consent for this data to be held. Please sign at the end of this form.

Young Person's Name.....

D.O.B.....Address.....

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If you or your young person does not want to be contacted via email, then leave blank. Thank you.

Young Persons Mobile Number..... Home Number.....

Young Persons Email Address.....

Parent /Carers Name.....

Mobile,Work Mob or Landline.....

Parents Email Address.....

Young person's medical information:

Is there any medical information that we need to know? Such as: Food allergies, epilepsy, diabetes, travel sickness, asthma etc. Please tell us about it, what surgery you are registered with and the treatment required .

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- I am happy for my child to take part in the activities and trips with Tavistock Youth Cafe
- I consent to any emergency medical treatment required by my child should they need it
- I confirm that my child is in good health and I consider them fit to participate in Youth Club sessions/Momentum session/Off Site Trips and Activities
- I am happy for photographs or video to be taken and used for publicity purposes/The Youth Café Face Book page (closed group) . Please Tick Yes..... No.....

I understand that whilst every effort will be made to ensure the safety and security of both members and possessions, Tavistock Youth Cafe and its staff cannot be held responsible for any loss or damage that may occur.

Young Persons Signature.....Date.....

Parent/Carer Signature.....Date.....