

# The Fourth Feathers Youth Club

## Membership Registration Form (updated 9/05/18)

Please complete all sections of this form. All information supplied will be treated in complete confidence. Members information will only be made public with their consent (e.g. photographs, quotes, case studies, DVDs, CDs). 'Sensitive' data about members (including health) will be held only with the knowledge and consent of the individual. You also have the right to request access or erase personal data. This form must be signed by both parent/guardian and the young person if you are under 18.

Young Person Information		
First Name(s):	Nickname:	
Surname:		
Date of Birth:	Male	Female
Address:		
Postcode:		
Home Telephone Number:	Mobile Telephone Number:	
Email Address:		

Parent or Guardian Contact Details (if the person named above is aged under 18 only)	
First Name(s):	Surname:
Address:	
Postcode:	
Daytime Contact Number:	Evening Contact Number:
Mobile Number:	Email Address:

Emergency Contact Details	
<b>This is in addition to above if under 18, and could be another family member. This person will be contacted if the named person above is unavailable. Please complete this section if you are over 18</b>	
First Name(s):	Surname:
Address:	
Postcode:	
Daytime Contact Number:	Evening Contact Number:
Mobile Number:	Email Address:

### Young Person's Medical Information

Does the young person named suffer from asthma, hay fever, migraine, fits, faints, or any other illness?	Yes / No
<b>If yes please describe and give as much detail as possible</b>	
Is the participant allergic to anything? (for example, Antibiotics, Elastoplast, Asprin, any other medicines, or any food etc.)	Yes / No
<b>If yes please describe and give as much detail as possible</b>	
Name of Doctor	
Address	
Telephone Number of Doctors Surgery	

### Parent / Guardian permissions

I do/do not* give permission for _____ (young person's name) to walk home on their own after the club has finished *delete as appropriate	
Comments (for example, they are allowed to leave the club with his sister but no one else, or someone named will collect)	
I do/do not give* my permission for _____ (young person's name) to be photographed either alone or as part of a group whilst attending The Fourth Feathers Youth Club. I understand that any photographs that are taken may be used to promote the event, The Fourth Feathers Youth Club and The Feathers Association via its website, social media and newsletter. Photographs will not be used for any other purpose than stated above. *delete as appropriate	
I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.	
I understand that the young person named is responsible for their own personal belongings and The Fourth Feathers Youth Club cannot be held responsible for replacing anything that is lost, damaged or stolen.	
Name of parent / guardian	
Signed	
Date	
Signed (young person)	



# The Fourth Feathers Youth Club Membership Registration Form

Please complete all the relevant boxes on this form, and hand back in with your membership form

Name					Male	Female
<b>Are you at... (please tick which applies to you)</b>						
School	College	University	Employed	Unemployed	Volunteer	
Carer	Other (give details)					
Name of School / College attended (if applicable)						

<b>Which ethnic group do you identify with?</b>				
Asian Bangladeshi	Asian Indian	Asian Pakistani	Asian other	
Black African	Black Caribbean	Any other black background	Chinese	
White English / Scottish / Welsh / Northern Irish	White Irish	Gypsy or Irish Traveller	Any other white background	
Arab	Mixed ethnic background	Any other ethnic group		
Language spoken at home		Religion		
Do you consider yourself to have a disability?		Yes	No	Prefer not to say
If you answered yes to the question above, please give further details here				
Do you have any additional support needs whilst you are attending the Youth Club that we should be aware of?		Yes	No	Prefer not to say
If you answered yes to the question above, please give further details here				