Sunday and Wednesday Youth Group Registration Form 2021

Please note: Youth groups are 11-18 years of age.

PARENT/CARER’S NAME: .....................................................................................................................................................

CHILD/YOUTH NAME/S: ............................................................................................................................................

CHILD/YOUTH DOB: ....................................................................................................................................................

CONTACT ADDRESS: ............................................................................................................................................................

POSTCODE: ..................................................................................................................................................................

CONTACT TEL NO: ................................................................................................................................................................

EMAIL ADDRESS: ..................................................................................................................................................................

REGISTRATION DATE: ............................................................................................................................................................

MEDICAL CONDITIONS: ............................................................................................................................. (e.g. allergies, asthma)

SPECIAL NEEDS: ..................................................................................................................................................................

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOUR CHILD/YOUNG PERSON: ..................................................................................................................................................................

IN THE EVENT OF AN EMERGENCY, DO YOU GIVE US CONSENT TO OFFER FIRST AID, OR CALL 999:

YES: NO:

EMERGENCY CONTACT NAME: ..................................................................................................................................................................

EMERGENCY CONTACT PHONE: ..................................................................................................................................................................

SIGNED: ...............................................................................................................................................................

DATE: ..................................................................................................................................................................

