

KYC MEMBERSHIP FORM 2018-2019

Members
name

Please ensure all parts are completed fully and legibly.

Unless I notify you otherwise, at the end of normal sessions, my child will:- **BE COLLECTED / WALK HOME**

Date of Birth		Gender	
---------------	--	--------	--

Affix passport-sized
photo

Contact Details	First Parent/Carer	Second Parent/Carer
Name of parent/guardian		
Address		
Postcode		
Emergency telephone number		
Phone 2		
Email		

Medical Details	Background
Doctor's Name	School
Doctor's Address	School Year
Postcode	Additional Information <i>Please note any Medical, Dietary, or Special Needs.</i>
Doctor's Phone	
NHS Number	
Last Tetanus	

The below statements must be read and understood for the young person to be a member.

	I give permission for the above to take part in any properly supervised Club activity.
	I agree to pay any necessary fees on time.
	I accept that I am responsible for my child's safety whilst travelling to and from the Youth Club, and at any time they are outside the premises, except on activities arranged by KYC.
	In the event of an accident/emergency and providing the adults listed above cannot be contacted, consent is given for a member of Club Staff to travel with the young person to hospital and sign for any treatment that the medical authorities deem necessary.
	I have read and understood the KYC Agreement and Code of Conduct and will ensure that my child abides by the details contained in them.
	I have read, noted, and returned the GDPR Consent Form and am aware that at any time I can view the GDPR policy and change my permissions.
	[YOUNG PERSON] I have read and understand the rules and agree to abide by them. I understand that I can lose my place if I do not.

Parent/Carer signature		Young Person signature	
Parent/Carer name		Date	