



# MEMBER REGISTRATION FORM 2018/'19

PLEASE WRITE IN **BLOCK** CAPITALS USING A **BLACK** BALLPOINT PEN FOR PHOTOCOPYING PURPOSES

## SECTION A:

## MEMBER'S INFORMATION.

**Name of Youth Club/Project:**

**Member Name:-**

**Address:**

Male  Female

**Date of Birth:**    /    /    .

**Please Tick Relevant Age Group:**

<10	10-14yrs	15-17yrs	18-21yrs

**Mobile:**

**Name of School Attending:**

Are you currently, or have you previously been involved in any other KDYS Programme: (Please List)

**Medical Information:**

Do you:

- a) have any conditions requiring medical treatment (e.g. asthma, diabetes epilepsy);
- b) need to take any medication (e.g. Ritalin, inhaler)
- c) have specific requirements to enable full participation in our programme of activities (e.g. wheelchair access, large print)?

If you ticked yes to a), b) or c), please give details:

Youth Participation: What would You like to do in this Club/Project? i.e. activities, workshops, trips, etc.



## PARENTAL CONSENT, ALTERNATIVE CONTACT AND DOCTOR'S INFORMATION.

### SECTION B:

<b>Name(s) of Parent(s)/ Guardian(s):</b>																				
<b>Address:</b>																				
<b>E-mail:</b>																				
<b>Contact No:</b>																				
<b>Alternative Contact</b>																				
<b>Contact No:</b>																				
<b>Doctor</b>																				
<b>Contact No:</b>																				

- I, the parent/guardian of: \_\_\_\_\_, hereby give permission for her/him to register as a member of the club/project. I understand that the granting of membership is on condition that he/she will adhere to all club/project rules and that I am also consenting for him/her to attend the KDYS Annual Events, Club Events and Activities. (Disclaimer for insurance will be issued by the Club/Project when needed.)

Should my son/daughter access the internet/social media during Club/Project time, they should do it in a responsible manner.

**KDYS respects your right to privacy and comply with its legal responsibility under the Data Protection Act 2018 (which incorporates the GDPR). The information provided on this form will be used for statistical analysis, development of programmes and to tell you about events that we organise and services that we offer. We will not disclose any personal data unless we believe, in good faith, that we are required to disclose it to comply with any applicable law or statutory requirement. If you would like to exercise your rights under the GDPR, then please contact us on 0646631748.**

**Emails:** From time to time, the Club/KDYS may contact me via email with information that may be relevant to me in my role as parent/guardian. Do you wish to be contacted?       Yes       No

**Text Messaging:** Club/KDYS may contact me via text messages in relating to upcoming activities, venues and times etc. Do you wish to be contacted?       Yes       No

**Photography/Social Media:** Club and KDYS feel that it is important to recognise the achievements and successes of young people both at club and organization level. We would often use all forms of media such as photographs/videos etc. to do this and I agree to these images being taken and used  
 Yes       No

**Medical:** In the event of illness or accident, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a trained first aider, if available, or by a suitably qualified medical practitioner. However, I understand that every effort will be made to contact me as soon as possible.  
 Yes       No

**Signed:** \_\_\_\_\_ **(Parent/Guardian)**      **Date:** \_\_\_\_\_

Note: A new consent form will be adapted for any out of the ordinary programme events i.e. trips away and forwarded to the parent/guardian.

*For Office Use Only:* Received by: \_\_\_\_\_ KDYS Staff Member      Date: \_\_\_\_\_