



This section to be completed by young person

MEMBER REGISTRATION FORM 2015/'16

Please write in BLOCK capitals using a black ballpoint pen for photocopying purposes

Section A:

Name Youth Club/ Project:

Member Name:

Grid for Member Name

Address:

Grid for Address

Mobile Number:

Grid for Mobile Number

Email Address:

Grid for Email Address

Date of Birth:

Grid for Date of Birth (DDMMYY)

Are you: Male [] Female []

Please tick relevant age group:

Age group selection table: <10, 10-14yrs, 15-17yrs, 18-21yrs

Name of School Attending:

Grid for 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... []
b) need to take any medication... []
c) have specific requirements to enable full participation... []

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

Section B:

KDYS is committed to ensuring that its services are inclusive and are reaching out to all young people in the community and to know what is important to you as a young person. One of the things that identify us most is our ethnic identity and any special needs or disabilities we might have. Identity should always be self-described and therefore we ask you to complete this section.

What is your Nationality:

1. Irish [] Other please state:..... No Nationality []

What is your ethnic or cultural background: Choose one section 1-4 and then appropriate box

Table with 4 rows for ethnic/cultural background: 1. White, 2. Black or Black Irish, 3. Asian or Asian Irish, 4. Other including mixed background

Any other information:

I understand that the granting of membership is on condition that I will adhere to all club/project rules and that failure to do so could result in immediate withdrawal of membership.

Member signature: _____ Date: _____



This section to be completed by
Parent/Guardian

Parental Consent

Parent(s)/Guardian(s) Name:																				
Address:																				
Contact Number:																				
Email Address:																				

Doctors Details:	Name:																			
Address:																				
Contact Number:																				

Alternative Contact Details:	Name:																			
Address:																				
Contact Number:																				

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 failure to do so could result in immediate withdrawal of membership.

I also understand that I am also consenting for him/her to attend the KDYS Annual Events (Youth Day, Youth Factor, Games Day and Youth Forum).

From time to time, KDYS may contact me with information that may be relevant to me in my role as parent/guardian and will forward it to me.

KDYS personnel will only use my child’s personal mobile number to contact him/her regarding KDYS activities, venues and times.

My son/daughter may access the Internet whilst on premises as part of their identified youth work programme of activities. While every effort will be made to do so in a supervised capacity, there may be occasions where they may not be supervised.

KDYS feels that it is important to recognise the achievements and successes of our youth and of the organisation and often use the local press to communicate this. For this purpose my son/daughter may be photographed/videoed for club/project and traditional/digital media purpose.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider if available and/or medical treatment to be administered by a suitably qualified medical practitioner. However, I understand that every effort will be made to contact me as soon as possible.

Signed: **Date:**
Parent/Guardian

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: Date:
KDYS Staff member/Volunteer