

Youth Service

Senior Membership Form



St Helens Council

CONSENT FORM TO ACCESS SENIOR ACTIVITIES

Please provide the information below:

Full Name:	
Date of birth:	
Address:	
Postcode:	
School Attending:	

Medical Information:

Details of any medical condition that you suffer from, additional needs or allergies:

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Youth Service Contract:

- No smoking this includes e-cigs
- Not to be abusive or aggressive towards staff and other young people
- Respect towards your friends, staff and the building
- Once you leave the session you will not be allowed back in
- To get involved during the session
- Have your say and come up with new idea's

Emergency Contacts

Name:		Relation:	
Mobile:		Home:	
Name:		Relation:	
Mobile:		Home:	
Full Name (capitals):			
Signed:		Date:	

Youth Worker Name:			
Signed:		Date:	