

Youth Service Junior Membership Form



St Helens Council

CONSENT FORM TO ACCESS JUNIOR ACTIVITIES

Please provide the information below:

Full Name:

Date of birth:

Address:

Postcode:

School Attending:

Medical Information:

Details of any medical condition that my child suffers from, additional needs or allergies:

Details of any other information, behaviour skills or social skills:

Child Collection/Permission: (Child under 8yrs must be collected)

If you wish your child to be collected by another person, then we require the information below before your child is allowed to leave the session.

Name:	Name:
Relationship:	Relationship:
Contact Number:	Contact Number:

Permission to return Home: (Child over 8yrs)

I do consent to my child to return home alone:

Yes

No

Photography:

Whilst publicity benefits our service, your child cannot be involved in any promotional material without your consent. In order to comply with the Data Protection Act 1989, we need your permission before we take any photographs of your child for the use of the Youth Service.

I give permission for images to be used for displays:

Yes

No

I give permission for images to be used for Social Media:

Yes

No

I give permission for images to be used for St Helens Council publications:

Yes

No

Face Painting:

We may at some time be offering the opportunity for your child to have their face painted using professional stage paints.

I do consent to my child to have their face painted:

Yes

No

Please say how you hope the Youth Service will help:

Youth Service Contract:

- Respect towards your friends, staff and the building
- To listen to the staff team and follow instructions
- To get involved during the session and have fun
- Have your say and come up with new idea's

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