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**Est. 2015**

**EYC MEMBERSHIP FORM**

We are very pleased to welcome you to **EYC.**

To ensure we have the correct contact details for you, please fill out this form and give it back to **EYC.**

If you are under 17 please also ask your parents or carer to sign the form before it is returned.

1. **Information about the Young Person attending:**

Name of the Young Person

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Male / Female **(please circle one)**

Young Person’s Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Carer’s Name (main contact): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Young Person’s Address:

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**Parent/Carer Contact Telephone Numbers**:

Work: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mobile: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:**

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Relationship to Young Person: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Telephone Numbers:**

Work: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mobile: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Medical Information**

Name of Family GP/Doctor: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Telephone of GP/Doctor Surgery: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address of GP/Doctor Surgery: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Does your child have a disability or impairment?**

**YES / NO**

If ‘YES’, please give brief details.

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1. **Does your child have any allergies?**

**YES / NO**

If ‘YES’, please specify.

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1. **Does your child take any medication for asthma?**

**YES / NO**

If ‘YES’, please specify.

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1. **Any other relevant information? [ medication, diet, behaviour etc.]**

**YES / NO**

If ‘YES’, please give brief details.

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 **c. When did the young person last have a tetanus injection?**

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**TERMS & CONDITIONS**

**Medical Consent**

My child is in good health and I consider him/her capable taking part in The EYC activities. I have completed the medical details consent that in the event of any illness / accident any necessary treatment can be administered to my child, which may include the use of anaesthetics. I also understand while Staff will take every precaution to ensure that accidents do not occur, they cannot necessarily be held responsible for any loss, damage or injury suffered to my child.

**Attendance Policy**

If a member fails to attend the club for more than four consecutive weeks the member membership will be automatically terminated.

**Conduct**

Violent conduct will not be tolerated and will be dealt with very seriously.

**Sport kit**

Young People need to wear legging [girls] or tracksuit [girls/boys **T/shirts** and **trainers** with no studs.

No jewellery (including earrings) to be worn. This is due to our health and safety policy.

Hair must be tied or clipped back.

Failure to do so he/she will be sent home and Parents will be informed.

**Parental Concern**

If you are concerned with any aspect of your child’s potential bullying, please speak to members of staff Maria or Ghebrenegus in confidence.

**Permission for children & Young People to Travel Home Unaccompanied**

All Young People under the age of 12, parents have to complete consent form.

**Photo and Video Consent**

I acknowledge that certain activities may involve my child/children being photographed or filmed or achieved for promotional use and therefore agree to contact EYC should I disagree to this activity.

**Research, Monitoring and Evaluation**

I acknowledge that EYC may undertake research questionnaire, monitoring and evaluation exercises involving child / children to measure the effectives of their work. Involvement in these activities will be purely voluntary and participants can pull out of the research at any time. I agree to contact EYC should I disagree with this activity.

**Data Protection**

As part of our work we are required to keep basic information on participants (name, address, date of birth, gender, ethnicity, qualifications, current situation school, college or employment) in instances this information will be shared with our partners (e.g. youth and leisure departments in Islington. For more information contact EYC.

**4. Declaration**

I agree with the above statements regarding photographs, video and media as well.

I agree that in the case of an accident or emergency, the young person may need to receive medical attention from the medical authorities.

I will inform the Senior/Lead Worker of any changes in the child/young person’s personal details, changes to parent/guardian due to a court order, medical or other circumstances between now and for the continuation of time that my young person attends the project.

Parent/Carer Full Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Parent/Carer:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**