



Registration and Consent Form

Copthorne & Crawley Down Youth Club

Young Person	
Date of Birth	
Full Home Address Inc. Post Code	
Parent / Guardian Name	
Parent / Guardian Phone Number	
Parent / Guardian Email Address	
Alternative Emergency Contact Name	
Alternative Emergency Contact Number	
Name of current school/Alternative place of education	
Health Declaration	<p>Whilst your child is in our care, it would be helpful for us to know if he / she suffers from any allergies, is on any medication, or if there is anything else you would consider important for the youth workers to know.</p> <p>Allergies:</p>

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01342 713407 enquiries@worth-pc.gov.uk

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Other medical conditions:

Please continue on a separate sheet if necessary

Media Consent

I DO consent for my child's images to be used

I DO NOT consent for my child's images to be used

(please delete as appropriate) Images may be used in the production of posters, leaflets and may appear on social media, the Worth Parish Council website and newsletter.

Signed:

Date:

Print name:

Your Consent

I have ensured that my young person understands that it is important for his/her safety and for the safety of the group, that any rules or instructions given by staff in charge or activity instructors are obeyed and carried out.

I understand that, while the staff in charge will take all reasonable care of my young person, they cannot be held responsible for any loss, damage or injury suffered by my young person in taking part in, any of the activities unless such loss, damage or injury is directly attributable to the negligence of the said staff in charge.

Transport - I understand that transport to and from the venue is the responsibility of myself.

Health - I certify that to the best of my knowledge and belief my young person is in good health and I am aware of no reason on medical grounds why they should be excluded from this activity.

Medicines required: All medicines should be clearly marked with your child's name and handed to the staff member in charge.

Accident/Illness - I consent to my young person receiving medication as instructed and any emergency treatment, as considered necessary by medical professionals.

Personal effects - I acknowledge that my young person will be responsible for the safety of his/her own money and personal effects. I will not hold the organisation responsible for damage or losses unless caused by its negligence.

Activities – I agree to my young person taking part in activities and will inform staff of any restrictions to this.

Insurance - I understand the extent and limitations of the insurance cover provided (copy available on request), and confirm I am not aware of anything which may affect the insurance or need special consideration.

Consent of parents/guardians - I, the undersigned confirm I have legal parental right to consent to the above named young person taking part in activities provided at Copthorne Youth Club/Youth Club in Crawley Down. I furthermore confirm I have read and

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understood and consent to the matters set out above and overleaf. I agree to inform the staff member in charge as soon as possible of any changes to the medical or other relevant information that arises between now and the commencement of the activity.

Signed:

Date:

**Print name:
Parent/Guardian**

Worth Parish Council cares to ensure the security of personal data. We make sure that your information is protected from authorised access, loss manipulation, falsification, destruction or unauthorised disclosure. This is done through appropriate technical measures and relevant policies. We will not share your data with other organisations. By providing telephone and/or email details, you consent us to contacting you using that information. Worth Parish Council will only keep your data for the purpose it was collected for and only for as long as necessary, after which it will be deleted. (Please view Worth Parish Council Privacy Notice & Retention Policy online at www.worth-pc.gov.uk)

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