QBMTYS REGISTRATION FORM

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| **Name of young person****Date of birth****Address****Mobile telephone number (if they have one)****With whom does the child/young person live?****Relationship to the child/young person** |

**Who has parental responsibility for the child/young person?**

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| **Name****Address** *(if different to above)*Contact number |

**Emergency contact details** (this should be the person who would be able to respond in the case of an emergency)

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| Name**Contact number****Address****Relationship to child** |

**Medical details**

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| **Any known medical conditions or disability****Food allergies or special requirements****Details of any medication they are currently taking** |

**Doctor information**

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| **Name of family doctor** **Telephone number****Address** |

**Parent/carer authorisation**

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| I give permission for ………………………………………… to take part in the normal activities of this group. In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anaesthetic.**Signature of parent/guardian (or adult with parental responsibility):****…………………………………………………………………**Print name: Date:  |

**Data protection**

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| The information on this form will be kept in a paper file and on a computer - young people can see information we hold about them at any time, just ask a member of production team. This information will always be kept safe and secure. Please delete as appropriate:* I give my permission for this information to be stored on a computer
* I do not give my permission for this information to be stored on a computer

**Signature of parent/guardian (or adult with parental responsibility):****…………………………………………………………………**Print name: Date:  |

**This consent is valid until [30th September 2017]**