**Youth Impact Registration Form**

Please ensure all sections of this form are completed and returned to a member of YMCA Staff as soon as possible. If you have any questions please email [youthengagement@ymcaworcestershire.org.uk](mailto:youthengagement@ymcaworcestershire.org.uk) or call Youth and Communities Coordinator, Ashleigh Lowe, on 07716 637 023.

Young Person’s Details

Name:

Date of Birth:

Gender:

Address:

Postcode:

School (optional):

Phone Number:

Do you consent to be added to our Youth Impact WhatsApp group? YES/NO

Emergency Contact Details **- PLEASE ENSURE WE HAVE AT LEAST ONE EMERGENCY CONTACT**

Primary contact name:

Primary contact relationship to young person:

Primary contact phone number:

Primary contact email address:

Secondary contact name:

Secondary contact relationship to young person:

Secondary contact phone number:

Secondary contact email address:

Young Person’s Dietary and Medical Information

Does the young person have any dietary requirements?

* Vegan
* Vegetarian
* Pescatarian
* Dairy-free
* Halal
* Kosher
* Gluten-free
* Other - please specify:

Does the young person have any allergies or intolerances? YES/NO

If yes, please specify what the young person is allergic/intolerant to:

Please indicate the severity:

* Intolerance
* Mild allergy
* Severe allergy
* Life-threatening allergy

Please provide further details of any symptoms and how the young person’s allergy is managed on a daily basis:

Does the young person have any medical conditions? YES/NO

If yes, please specify the condition(s):

Please provide us with further information regarding any symptoms your young person may experience, how the medical condition is managed and what staff need to know in order to support the young person.

Does the young person carry any emergency medication for their condition(s)? YES/NO

If yes, please list medications:

Can the young person administer their own emergency medication? YES/NO

Does the young person have any visual or hearing impairments? YES/NO

If yes, please provide further information regarding the condition and any support staff can provide:

Does the young person have any special educational needs or disabilities (SEND)? This can be diagnosed or undiagnosed. YES/NO

If yes, please provide further information regarding your young person’s SEND and any support staff can provide whilst at Youth Club:

Does the young person have any mental health conditions? This can be diagnosed or undiagnosed. YES/NO

If yes, please provide further information regarding the condition and any support staff can provide:

Is there anything else you think we should know about your young person? YES/NO

Consent

Do you give permission for your young person to leave the meetings alone? YES/NO

If NO: please give the names of anyone who is allowed to collect your young person from Youth Club:

Media Consent

Occasionally, YMCA Worcestershire will take photographs, film or record audio of young people attending our Youth Clubs. We may use these images and/or recordings as part of our marketing materials, our advertising, our social media channels, our website, printed materials, press articles, and other promotional assets.

Do you consent for YMCA Worcestershire to capture media and understand that they may be published on social media channels, on the YMCA website, marketing materials or elsewhere as outlined above?

YES/NO

Safeguarding:

If we have reason to believe that your young person or someone you know is at risk, we may be required to pass on information that you have provided to the police, social services or other such organisations. We have a legal duty as a youth provider to do this.

By signing this form you are confirming that you give consent for your young person to attend YMCA Worcestershire’s Youth Impact sessions.

Signed:

Print name:

Relationship to young person:

Date: