

YOUTH CLUBS



Here for young people
Here for communities
Here for you

REGISTRATION FORM

ymcaworcestershire.org.uk | 01527 61643 (Option 5)

YMCA WORCESTERSHIRE

Please ensure all sections of this form are completed and returned to a member of YMCA Worcestershire staff. If you have any questions, please email youthengagement@ymcaworcestershire.org.uk or contact us at the above number.

YOUNG PERSONS DETAILS:

Full Name:

Gender: Male Female Other Date of Birth:

Ethnicity:

Address:

School: (Optional)

Free School Meal Eligible: Yes No Prefer not to say

WHAT YOUTH PROVISION ARE YOU SIGNING UP FOR:

Beacon 10-14 Beacon 13+ Charford

Droitwich Kidderminster Kempsey

Redditch Upton Wychbold

Tenbury Drop-in *Tenbury is a drop-in group, meaning young people can come and go as they please throughout the evening

EMERGENCY CONTACT DETAILS:

Please ensure we have at least one emergency contact

Primary Contact Name: Phone number:

Relationship to young person: Email Address:

Secondary Contact Name: Phone number:

Relationship to young person: Email Address:

DIETARY REQUIREMENTS:

- Vegan
- Vegetarian
- Pescatarian
- Dairy-free
- Halal
- Kosher
- Gluten Free
- Other

Additional details:

ALLERGIES/INTOLERANCES:

Does the young person have any allergies or intolerances? Yes No

If **yes**, please specify below:

What is the young person allergic/intolerant to:

What is the severity: Intolerance Mild Allergy Severe Allergy
 Life-threatening allergy

What symptoms may arise:

Medication and management details:

Please note: We have a no-nuts policy at all our youth provisions. Please ensure you do not bring any products that contain nuts to any YMCA Worcestershire group or activity.

MEDICAL CONDITIONS:

Does the young person have any medical conditions? Yes No

If yes, please specify the medical condition(s) in the box below.

Please ensure the following is covered:

- ▶ Symptoms
- ▶ How the condition(s) is managed
- ▶ What staff need to know to support the young person

Does the young person carry any emergency medication for their condition(s)? Yes No

If yes, please specify:

- ▶ What medication do they take
- ▶ When it may need to be taken
- ▶ If they can administer it on their own

OTHER CONDITIONS:

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)?

Yes No

*This can be diagnosed or undiagnosed

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?

Yes No

*This can be diagnosed or undiagnosed

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 Youth Club 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 use 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.

DECLARATION:

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

Print name:

Relationship to young person

Signature:

Date: