

HCC YOUTH PROJECT
REGISTRATION FORM



Section 1 – Young Person’s Detail

Forename(s): _____

Surname: _____

D.O.B: ____ / ____ / ____

Age: _____

Ethnicity: _____

Gender: M F

Disability: Yes No

If yes please state: _____

Section 2 – Parents/Guardian Detail

Forename(s): _____

Surname: _____

Address: _____

Relationship: _____

Telephone: _____

Mobile: _____

Postcode: _____

Section 3 – Emergency Contact (If different from section 2)

Forename(s): _____

Surname: _____

Address: _____

Relationship: _____

Telephone: _____

Mobile: _____

Postcode: _____

Section 4 – Medical Details

Name of GP: _____ GP Surgery: _____ Surgery Tel: _____

Does your child have/would you consider your child to have any learning Difficulties?

Yes No

If YES please provide details

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Section 4 – Medical Details Cont...

Does your child suffer from any medical condition or allergies?

Yes No

If YES please provide details

Will your child be bringing medication to the club/activity?

Yes No

If YES please provide details

Section 5 – How did you hear about us?

Please state how you heard about our Youth Project:

Section 6 - Declaration

- I give consent for any multimedia information (e.g. photos/videos) to be used for Hedgecock Community Centre (HCC) marketing & publicity material.
- I give permission for the HCC to collect and store personal data about me and the activities that I participate in both manual and electronic filing systems for monitoring purposes. I understand that the data will be held in line with the Data Protection Act 1988.
- I give permission for the named young person to participate in the HCC youth programme.

Print Name: _____

Signature: _____

Date: _____