

Club Name

Young Person Consent Form

First Name		<u>First contact in case of Emergency</u>	
Last Name		Name	
Gender		Relationship to Child	
Date of Birth		Contact number during club	
Age		<u>Second contact in case of Emergency</u>	
School		Name	
Young Person's Phone No.		Relationship to child	
Address		Contact number during club	
Street		<u>Doctor's Details</u>	
Parish		Doctor's Name	
Post Code		Surgery	
Contact Email Address		Contact Number	

MEDICAL DETAILS

Does your child / young person have any allergies/medical conditions? **YES/ NO**

DETAILS:

Does your child/ young person need to have prescribed medicine administered during the course of the club? **YES /NO**

DETAILS:

*If YES, then a medical administration instruction form must be completed.

Does your child/ young person have any special needs or disabilities? **YES/ NO**

DETAILS:

Does your child/ young person have any special dietary needs? **YES/ NO**

DETAILS:

OFF-SITE ACTIVITIES/VISITS

I give consent for my child to be transported in a youth project minibus (when required) and taking part in lower risk activities – examples of which include:

- Visits to places of interest (eg. Heritage sites)
- Visits to other youth projects, including inter youth project sporting events (eg. football, pool, netball)
- Venues to play sport, games, activities (eg. Bowling, Football)
- Attending training and meetings at other venues
- Spontaneous shopping trips and eating out (eg. supermarket Take-away, restaurants, cafes. Coffee shops)

Consent for any Higher-risk activity or residential on or off-island trip will require a separate consent form to be completed for each and every separate occasion

PHOTOGRAPHY/ FILMING CONSENT

I give consent for photographs and video material of my child, named on this registration form, to be used in Youth Commission printed publications, promotional films, web and social media sites including any Guernsey Press, Channel Television or Radio interviews and features

I have read and fully understand the letter to Parents/ Guardians, and have fully completed all sections of the above form.

Signed Parent/ Guardian:

Date:

*If you do not want to receive information relating to future Youth Commission events please tick here

The information collected on this form will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law 2001 and will be used for the purposes of education, administration and where appropriate, safeguarding.