

(Parish Name)'s Youth Group

Members Details

Name

Address

Postcode

Phone number

Date of birth

Medical conditions

Parent/Guardian Details

Name

Address

Postcode

Phone number (day)

Phone number (evening)

Mobile number

Email address

Emergency
Alternative
Contact Name

Phone number

Consent Form

I have read and accept the rules and regulations of the Youth Group. I also understand that any breach of the rules and regulations may result in the cancellation of my membership and admission to the club refused.

Members Signature:

Date:

Medical Consent Form

If, during my time in the care of the youth group, I am ever in a situation where it is understood I require first aid, I give my consent for the group leaders to provide first aid.

Members Signature:

Date: