



## WROUGHTON PARISH COUNCIL

### Wroughton Youth Club Membership Form

#### Parents to complete

Full name of child \_\_\_\_\_

Address of child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Childs Date of Birth: \_\_\_\_\_

Childs Gender: \_\_\_\_\_

Parent/Guardian  
Name

\_\_\_\_\_

Address (if different  
from above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

If emergency contact details are different from above please state below:

\_\_\_\_\_

#### Medical Details

Name of GP: \_\_\_\_\_

GP Surgery: \_\_\_\_\_

#### Medical Conditions

Does your child suffer from any medical conditions?

Please circle: YES NO

If YES please provide details:

\_\_\_\_\_

Does your child suffer from any allergies and/or intolerances: Please circle: YES NO

If YES please provide details:

\_\_\_\_\_

**WROUGHTON PARISH COUNCIL**



Will your child bring any medications with them to the club: Please circle: YES NO

If YES please provide details:

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Does your child suffer from any disabilities?

Please circle: Yes No

If YES please provide details:

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Does your child suffer from any behavioural issues?

Please circle: Yes No

If YES please provide details:

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Please note that answers to these questions will not affect membership. However, it is advised that the Youth Workers and Volunteers be aware of any medical issues which may affect the young people in their care.

**Consents**

I give consent for the young person named above to attend the Wroughton Youth Club.

I give consent for the young person named above to be taken for treatment in the event of an emergency or administered treatment in such cases as epipens or essential treatment brought into the club by my child.

I agree that photos/videos can be taken of my child in order to publicise the group's activities.

I understand that I am responsible for ensuring my child is brought to and collected from the Wroughton Youth Club

**OR**

I give my permission for my child to make their own way to and from the Wroughton Youth Club

Parent/Guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_