



Phoenix Youth Membership Form

Please complete all sections.
 All information supplied will be treated in the complete confidence.

This form must be signed by both parent/guardian and the young person if you are under 18.

Member's Details

Full Name.....Date of Birth.....Age.....

Home Address.....

.....Postcode.....

Telephone Nos: Home..... Mobile.....

Email Address:

School:Year.....

Hobbies and Interests:

Type of Membership Required

Full Membership: YES/NO. £20.00 Annual membership fee. No session* charges apply

Sessional Membership: YES/NO £ 1.00 Sessional fee payable at every session* attended.

Family Membership: YES/NO £20.00 first child, then £10.00 for every other child. No session* charges apply
 Please list the names of all children concerned.

Installments: YES/NO £10.00 first payment, balance payable at £5 per month until balance is clear.

*Session = Ordinary, general youth club activity. Additional charges may apply for trips, courses or workshops etc

Parents/Guardians Details

Name:

Address:

.....Postcode:

Tel: Day..... Eve..... Mobile.....

2nd Emergency Contact

To be contacted only in an emergency if parent/guardian can not be contacted.

Name:Address:.....

.....Postcode:

Relationship to Young Person:

Tel: Day..... Eve..... Mobile.....

Family Doctor

Name:

Address:.....

Tel: Day..... Eve.....

Medical Information

Does the member (a) have any conditions requiring medical treatment (e.g. asthma, diabetes epilepsy); (b) need to take any medication (e.g. ritalin, inhaler) or (c) have specific requirements to enable full participation in our programme of activities (e.g. wheelchair access, large print)? YES/NO (please delete)

If YES, please give details.....

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Can the member be responsible for taking their own medication? YES/NO (please delete)

If NO, please provide full information and discuss with our club leader.....

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Please give the approximate date of the members last tetanus injection.....

Does the member have any allergies? (e.g. medicines, foods, plasters, nuts, stings, etc.) YES/NO (please delete)

If YES, please give details.....

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Medical Consent

Please tick one of the following boxes to let us know that you agree or disagree to the member receiving necessary medical treatment:

I agree to the member receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities.

I disagree to the member receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities. I understand that the club staff or committee may wish to discuss my child's membership with me as a result of my wish. **I disagree** for the following reasons:

Parent/Guardian Consent

I agree to the above named person being a member of SANDWICH YOUTH CLUB and participating in the club activities. I understand that the youth club may in the interest of the group decide not to involve my child on a particular 'activity' if I do not agree to let my child participate fully. I acknowledge the need for HIM / HER (please delete) to behave responsibly at all times and to follow the rules of the youth club. I also agree for them to have taken and published any photographs depicting involvement in authorised Youth Club activities as deemed appropriate by the Sandwich Youth Club Youth Leader. I also give authorization for access of educational information re: harm reduction and other youth services as appropriate.

Signed.....Date.....

Members Signature

Signed.....Date.....