



Young People’s Membership Form

Name of person:.....Male / Female

Address:

.....Post Code

Date of birth:.....

Home Tel. number:.....Mobile Tel. number:

Email address:

Medical Conditions

Does the person suffer from any medical condition or allergy requiring treatment or medication?

..... **Yes / No (Delete as appropriate)**

If **Yes**, is there any information regarding condition, treatment or anything else that we should be aware of?

.....
.....

Do you give permission for any medical treatment to be given to the above person by a suitably qualified person, if required? **Yes / No (Delete as appropriate)**

Name of Doctor:

Does the person have a disability? **Yes / No (Delete as appropriate)**

If Yes, Please provide details of any relevant information:

.....
.....

Primary Emergency Contact Details:

Name of contact:..... Relationship:.....

Contact telephone number(s):.....

Second Emergency Contact Details

Name of contact:..... Relationship:.....

Contact telephone number(s):.....

Please turn over

Young People's Declaration:

We ask people to have RESPECT for:

- Yourself
- Others
- Environment (including building and equipment)

1. Remember not showing respect might result in being given a warning.
2. If you receive two warnings then you will be asked to leave or parent(s) / guardian(s) will be phoned for you to be collected (as age appropriate)
3. However, an action that causes or might cause harm to others, damage to the building, will be asked to leave without a warning.
4. If you do not leave when asked, the ban will extend and a letter will be sent home.
5. Damage to the premises or stealing would result in being reported to the police and / or your parent(s) / guardian(s)

Signature

Parental declaration

I acknowledge the need for respectful and responsible behaviour on the young person's part as outlined in the club rules.

At times photographs may be taken of club activities. Do you agree to the above young person's photograph being taken within club activities and used within publicity? **Yes / No (Delete as appropriate)**

By agreeing to membership the young person may have access to the internet. This will be supervised and also monitored using parental control software.

Signature parent / guardian:

Name of parent / guardian:.....Date:

By filling out a membership form for your child you are agreeing to your child's personal information being stored by LBGC in accordance to the GDPR.

You need to keep us informed about any changes such as address, doctor or medical conditions, thank you