

**Each Child requires a separate form. Please Complete in Print or Block Capitals**

Child's Details					
Name:		DOB & Age:			Male / Female
Address:					
Allergies / Illnesses & Any Medication:					
Other Requirements or things we need to be aware of:					
School:					
WYC may take photographs / videos of your child taking part in activities we run, these images may be used for marketing / fundraising activities, is this OK?				YES	NO
Do you give consent for your child to be taken on trips within the Warrington Area?				YES	NO
Do you give consent for your child to take part in Face Painting Activities?				YES	NO
Emergency Contact Details					
Name:		Relationship:			
Phone:		e-mail:			
Address (if different from above).					
Is there anybody else who is authorised to collect your child from the club? If so, who? (please name)					
How did you hear about Warrington Youth Club?					
Membership Details: (For Office use only)					
Membership Number	Date Joined	Membership fee paid	Renewal date:	Entered onto database?	Is the form complete?

I understand that membership **will not** be confirmed without full payment being received. I consent to this information being held on file by Warrington Youth Club and I understand that some of the information may be shared with other relevant organisations, without using my child's full name or address.

Name of Parent / Guardian:

Signed:

Date:

Employee Signature:

(On completion of membership)