



## PCC YOUTH REGISTRATION FORM

Please note that the information on this form is for the use of the youth leaders at PCC Youth Club and is not available to any other individuals or groups. This means that we will not disclose your e-mail address, mobile number or any other details to another individual without your permission.

### Details of Young Person

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Sex: Male / Female/ Non Binary(Circle Appropriate)

What pronouns are you most comfortable with? \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Contact Details

In the event of an emergency relating to your young person please provide information below which we can use to contact you.

Adult Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

### Medical Information

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness etc.) which we should be aware of?

\_\_\_\_\_

Are there any neuro diverse requirements we should know about? (ADHD, ASD)

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

We also have a PCC Youth Facebook and other socials. Do you give permission for your young person to be involved with content creation? Yes No (Please circle)

I agree to my young person participating in youth club and the activities run by the team. I understand that every care will be taken to ensure the health, safety and welfare of my child. I realise and accept that in the event of my child's behaviour adversely affecting the safety of the activity, the organisers reserve the right to contact you.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_