

# Grove Park Youth Club Membership form

## Young Person

Full name ..... Age .....

Address .....

Date of Birth ..... Current School .....

Email ..... Mobile Phone .....

## Parent/Carer Contact Details

Full name ..... Relationship .....

Mobile Number ..... Home/Work Number .....

Email .....

## Alternative Contact Details

Full name ..... Relationship .....

Mobile Number ..... Home/Work Number .....

Email .....

## Health and Welfare

Does the young person have any medical conditions? Y / N

Details of condition and medication required .....

.....

Does the young person have any allergies or reactions? Y / N

Details of allergy and any medications required .....

.....

In the case of an emergency, I understand that staff will do everything reasonable to contact the parent/care named above.

In circumstances where medical treatment is required immediately and where it is not possible to contact those named in this form, I authorise any of the staff members of the Youth Club to refer to a medical practitioner or emergency services on my/our behalf.

Parent / Carer Full Name .....

# Grove Park Youth Club

## Code of Conduct

### **Guidelines for young people**

- Have respect for members of staff and young people
- No abusive language or threatening behaviour to any staff or club member
- No Drugs or Alcohol allowed on the premises of Grove Park Youth Club
- No weapons
- No Bullying
- No Racism
- Use all Club equipment appropriately

(If any Drugs, Alcohol or weapons are found on a young person within the premises, they will be confiscated, and the young person will be banned with immediate effect).

### **Guidelines for Grove Park Youth Club workers**

- Treat all young people as an individual and at face value
- Treat all young people fairly
- Treat all young people equally

### **Photography**

GPYC BPT is a charity formed by the local community to preserve and run GPYC for young people and the wider community. We occasionally use photography and video to promote and help the work we do via our website and social media. Under GDPR law we require consent to do so.

I, Parent /Guardian name:

Grant permission for my child to participate in photography and video during GPYC activities and events.

I acknowledge I have the right to access and review photos and videos taken of my child and request removal if not satisfied with their use. I understand I have the right to withdraw my consent at any by contacting GPYC BPT in writing / email.

Signature

Date