

Please complete all fields in block capitals

Hangleton & Knoll Project Youth Activity Registration Form



So that the highest number of young people get to do the activities that they want, and to make sure that as many people as possible get a chance to participate in the activities, **please put your activities in order of preference**. We will try to make sure that you get your first choice but cannot guarantee a place on all activities.

Forms need to be returned to The Youth Workers office at St Richards Community Centre, Egmont Road or Hangleton Community Centre, Harmsworth Crescent by MIDDAY WEDNESDAY 1ST APRIL

and we will let you know, by writing, which activities you have got a place on and provide details such as meeting point and what to bring. (If no one is in the office then please slide forms under the door). People returning forms after this date may get a place on activities if there are spaces remaining but we can't guarantee this, as we think the activities will fill up very quickly.

If you have any questions or need more information, please ring 706469 (St Richards) or 821380 (Hangleton). (Please note that for the Children's trip to Chessington, there is a minimum height restriction of 0.9metres for most rides)

Activities Preference 1 _____ Date ____/____/____
 Preference 2 _____ Date ____/____/____
 Preference 3 _____ Date ____/____/____
 Preference 4 _____ Date ____/____/____
 Preference 5 _____ Date ____/____/____

(If you have opted for Chessington please write the height of the son/daughter here.....metres)

Participant Name _____

Parent/Guardian _____ Relationship to child _____

Date of birth _____ Gender Male / Female

Address _____

_____ **Postcode** _____

Home Telephone _____ Mobile _____

Emergency Contact Name: _____ Relationship _____

Emergency Contact Numbers: _____

IMPORTANT: Does your child have any medical conditions? Yes No

(i.e. asthma, diabetes, epilepsy, allergies etc.)

If yes please give details _____

If your child takes any medication please give details: _____

Do you consider your child to have a disability?

Yes

No

Prefer not to say

If yes please state: _____

I consent to any emergency medical treatment necessary during the running of the activity. I authorise the staff to sign any written form of consent required by the hospital authorities if the delay of my signature is considered by the doctor to endanger my health and safety.

Yes

No

Signature of Parent/Guardian _____

- To assist in the production of future promotional material Hangleton & Knoll Project may photograph activities organised by the Project. If you **have any objections** of yourself or your child (if applicable) being pictured for these purposes, please tick this box. Please note that in some instances the photographs may be distributed to the wider media and also used on the Hangleton & Knoll Project Website
- To assist with promotion of new and existing activities/opportunities, we may wish to contact you regarding future activities at **the address above OR via e-mail**. If you are happy for this then please write you e-mail here: **EMAIL ADDRESS:**
If at any time you would like to be taken off our records then please notify us.

Please take note of the following conditions:

Our equal opportunities policy ensures of equality of access, experience and quality to all using our services. We consider language, behaviour or action that is designed to be offensive or create discrimination to any user of the service or member of staff, unacceptable and will not be tolerated.

It is crucial that all participants are able to enjoy the activities provided. Please understand that it is important for you safety and of others, that any rules and instructions given by staff are followed.

I have read and understood the above Equal Opportunities Statement

YES (please tick)

<p>Asian or Asian British</p> <p><input type="checkbox"/> Asian British</p> <p><input type="checkbox"/> Asian - Indian</p> <p><input type="checkbox"/> Asian - Pakistani</p> <p><input type="checkbox"/> Asian - Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p> <p>Please specify</p>	<p>Black or Black British</p> <p><input type="checkbox"/> Black British</p> <p><input type="checkbox"/> Black Caribbean</p> <p><input type="checkbox"/> Black African</p> <p><input type="checkbox"/> Any other Black background</p> <p>Please specify</p>	<p>Chinese or other South-East Asian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other</p> <p>Please specify</p>
<p>Dual Ethnicity</p> <p><input type="checkbox"/> White & Black Caribbean</p> <p><input type="checkbox"/> White & Black African</p> <p><input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> Any other backgrounds</p> <p>Please specify</p>	<p>White</p> <p><input type="checkbox"/> White British</p> <p><input type="checkbox"/> White Irish</p> <p><input type="checkbox"/> Any other White background</p> <p>Please specify</p>	<p><input type="checkbox"/> Other</p> <p>Please specify</p> <p><input type="checkbox"/> Prefer not to say</p>

I declare that the information I have provided is complete and accurate

Signature of Participant: _____ **Date form Signed:** _____

Signature of Parent/Guardian _____ **Date Form Signed:** _____