



Wigton Youth Station Membership form

Please ensure all questions are completed as thoroughly as possible. In compliance with the General Data Protection Regulation (GDPR) we are required to seek your consent for us to continue to retain and process this data.

Please complete the Consent Declaration below by placing a ✓ in the appropriate box (**please only tick one box**):

I consent to Wigton Youth Station’s retention and use of my personal data as described in Wigton Youth Station’s Privacy Notice. I also consent to Wigton Youth Station taking my personal details off site for trips and activities only.

I do not consent to my personal data being retained.

Personal Details

Young Person’s Name:

D.O.B:

Name of Parent/Guardian:

Home Address:

.....

.....

Postcode:

Home telephone number:

Mobile Telephone number:

Email address:

Additional emergency contact details (including relationship to young person)

Name: Relationship:

Number:

Medical Details

Name of Doctor:

Doctor’s address:

.....

Does your child/ward suffer from any of the following illnesses?

Diabetes	yes/no	Travel Sickness	yes/no
Asthma/Hay Fever	yes/no	Other Allergies (e.g. nut/gluten)	yes no

If yes, please give details:

.....

Please provide details of any on-going medical conditions or special needs that you feel we should know about:

.....
.....

Additional Consent

Please state if your child/ward is walking home from the Youth Station or being collected (year 6 and below only):

In the event of my child/ward being taken ill or is injured during a session/activity/trip, I authorise the leader present to administer first aid/accompany my child/ward to hospital or sign, on my behalf of myself, any forms of consent which may be required for essential medical procedures. **Every effort will be made to contact you first.**

Signed: Date:

I understand during any session, activity or trip; my child/ward will be in the charge of the youth workers present and under their guidance. I accept that my child/ward may be asked to leave sessions or I may be contacted, if in the opinion of the leader in charge, s/he has behaved in a way which is unacceptable and that I may be required to pick up my child/ward from the trip/activity location. I also agree to pay costs incurred through damage to equipment or buildings due to my child/ward's actions.

Signed: Date:

I understand that certain activities may require photographic/video evidence; therefore, I give my consent for Wigton Youth Station to use photographs and video footage to be taken of my child/ward for the use of promotional/educational material only.

Signed: Date: