

H.Y.A Application

Form

Your details

Please provide the following information, thus we can contact you for any activities taking place.

All information supplied will be treated as confidential. We will not share your personal details with any third parties.

| | | | | | |
|---------------------|------|-----|--------|--|--|
| First Name | | | | | |
| Surname | | | | | |
| Date of Birth | | Age | | | |
| Address | | | | | |
| Postcode | | | | | |
| Home phone number | | | | | |
| Mobile phone number | | | | | |
| Email | | | | | |
| Gender | Male | | Female | | |

Emergency contacts

Please provide us with two emergency contact details

| | |
|---------------------|--|
| Full Name | |
| Relationship to you | |
| Home phone number | |
| Mobile phone number | |
| Address | |

| | |
|---------------------|--|
| Full Name | |
| Relationship to you | |
| Home phone number | |
| Mobile phone number | |
| Address | |

Your medical information

It is important that you fill in the following section of the form accurate as possible. Failure to inform us of any medical issues could endanger the safety and welfare of your child. The Organisation cannot be held responsible if information that has not been shared.

| | |
|--|--|
| Name of your doctor | |
| Address of your doctor's surgery including postcode | |
| Phone number | |
| Out of hours phone no. | |
| Details of any allergies, special diet or medication | |

| | |
|--|--|
| | |
| Current Medication Name (if any) | |
| <p>Do H.Y.A Staff need any medical training other than First Aid to care for your child? (If yes please specify)</p> | |

Ethnicity:

- White Irish Scottish Asian
- Chinese
- Black African Mixed Black/White Other

Other please specify _____

Photographs

At times the Organisation may wish to take photos or videos of the group or individuals in it. We will ensure that the photos are safe and respectful and used solely for the purposes for which they are intended. The photographs may be used in the following: Displays, promotion and celebration of the activities of the organisation. The Photo's may be used in magazines, newspapers, on the internet or on posters and leaflets.

Please indicate if this is acceptable to you

- Yes No

If you have any additional information which you wish to share with the Organisation, please contact the Organisation Designated Person.

Travel

HYA does not provide transportation for weekly activities; therefore all parents/carers are requested to cater for their own child's transport.

Occasionally we do provide transport. Parents/ carers will be informed by phone or letter.

Activities

There may be occasions when your child is involved in planned and structured activities such as a trip to the Theme Parks, bowling or participating in a fund raising event. The Organisation will have collected appropriate information in preparation for the activity (e.g. about the journey, the children's various needs and helper skills), identified any potential risks or dangers, minimised the risks and dangers by careful planning and precautions and make sure we know who is responsible for putting precautions into place (E.g. who will carry the First Aid kit). This process is called a risk assessment.

Consent of Parent or Legal Carer

I give consent for my son/daughter to participate in Hollings Youth Association's activities and agree to the conditions outlined above. I accept that it is my responsibility to inform Hollings Youth Association directly of any changes to the details recorded on this form

Signed (Legal carer):

Please print name:

Player's Consent

I agree to participate in Hollings Youth Association's activities as detailed above and agree to adhere to guidelines and or codes of conduct that may be issued in the interest of my own safety.

Signed (Participant):

Please print name:

Date: