

Centre / Project:

**Hogarth Intermediates and Senior Club**

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Full Name:

Address:

Home:

Post Code:

Mobile:

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Age:

Date of Birth:

Gender:

Ethnicity:

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Who do we contact in an emergency?

Name:

Name:

Home:

Home:

Mobile:

Mobile:

Relationship:

Relationship:

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Do you have any allergies?

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Do you have a medical condition that we need to be aware of? **Yes / No**

And are you currently using medication? **Yes / No**

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Do you have a disability? **Yes / No**

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Which school / college do you attend?

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What are your interests?

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How did you hear about us?

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## Media Consent

Hogarth Youth Centre activities are run in partnership with funders and Hogarth Charitable Trust.

I give permission for Hogarth Charitable Trust to take/use photographs for publicity (flyers, annual reports, social media. etc...) for the purposes of advertising, monitoring and recording.

**Please tick this box if give consent for your image to be used by Hogarth Charitable Trust and its partners.**

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## Sharing Information

I give permission for my personal information to be shared with sponsors and funders for publicity, in terms of monitoring and recording purposes.

**Please tick this box if give consent for your information to be used by Hogarth Charitable Trust and its partners.**

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**I'm happy for Hogarth Charitable Trust to hold the above information as long as it is used for work purposes only.**

This information will only be available to authorised persons.

Signed:  Date: