

Centre / Project:

Hogarth Junior Club

Name of Young Person:

Address:

Post Code:

Age:

Date of Birth:

Gender:

Ethnicity:

Who do we contact in an emergency?

Name:

Name:

Home:

Home:

Mobile:

Mobile:

Relationship:

Relationship:

Does your child have any allergies?

Does your child have a medical condition that we need to be aware of? **Yes / No**

Is your child currently using medication? **Yes / No**

Does your child have a Disability? **Yes / No**

Which school does your child attend?

What are your child's interests?

How did you/your child hear about us?

After Junior Club Session

Does your child have permission to travel home alone

Yes / No

I (the parent/guardian) am happy for my child to go home alone and accept that I (parent/guardian) am responsible for their safety and welfare as they travel home.

Apart from myself my child can also be collected by:

Name:

Contact number:

Who is a: Family member , Friend , Carer or Guardian

Name:

Contact number:

Who is a: Family member , Friend , Carer or Guardian

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 of my child 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 child's image to be used by Hogarth Charitable Trust and its partners.

Sharing Information

I give permission for my child's personal information to be shared with sponsors and funders of the activities they sponsor/ fund for publicity, monitoring and recording purposes.

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

I'm happy for Hogarth Charitable Trust to hold the above information pertaining to me & my child as long as it is used for work purposes only.

This information will only be available to authorised persons.

Signed: Date: