



Chill Out Club Members – Registration

Name:

Date of Birth:

Address:

Emergency Contact Number:

Emergency Contact Person:

Any medical conditions we need to be aware of, please give details below:

Epilepsy:

Diabetes:

Asthma:

Allergies:

Other:

Special Access Requirements: Yes/No

Special Dietary Requirements:

If you are angry or upset, what helps to calm you down?

We would like to take photos of our club activities to include on our website, social media, newsletter etc. Are you happy to be included in these pictures? Yes/No

Signed Young Person:

Signed Parent/Carer:

Date:

All the information you provide on this form will be kept on a securely in line with Data Protection Guidelines and will not be shared with other agencies without your consent.