



NAYC MEMBERSHIP FORM 2023-2024
ALSO CONSENT FORM FOR OUTINGS.
REQUEST FOR PERMISSION SLIPS WILL BE SENT FOR EACH
INDIVIDUAL OUTING.

Date	
Details of young person	
Name	
Address	
Date of birth	
Sex	
School Attended	
Home Phone Number	
Young Person's (YP) Mobile phone number	
YP's e-mail address	
Doctor's name	
Doctor's phone number	
Does the YP suffer from any chronic illness?	
Is the YP allergic to anything?	
Is YP disabled?	
Does YP have any specific dietary requirements?	
Any other information you feel we should know	
YP's ethnicity	
Details of Parent or Guardian	
Name	
Relationship to YP	
Mobile Number	
Other phone number(s)	
E-mail address	
Ownership of Property. Please select. For funding purposes only	Chelmer Housing William Sutton Home Owner Other (please specify)

Second Contact	<i>(In case of emergency if we cannot contact first name)</i>
Name	
Relationship to YP	
Mobile Phone Number	
Other phone number(s)	

Parental Consent – please read and complete all sections

Do you give permission for your child to be photographed during events organised by North Avenue Youth Centre, such photographs to be used for the sole purpose of publicising the Centre and its events?

I give permission

I do not give permission

Do you give consent for your child to walk ome on their own after the club session and go to the shop during session?

I give permission

I do not give permission

Do you give consent to receive emails from NAYC regarding up and coming events?

I give permission

I do not give permission

By completing and signing this form I understand and agree to the following:

- I confirm that, to the best of my knowledge, the information is correct, and if any of the above details change I will inform the centre.

- My child and I will abide by the club and session rules and I understand that failure to do so may result in my child being asked to leave and my child’s membership being suspended or removed.

- In the event of illness or any accident requiring emergency hospitalisation of my child I authorise North Avenue Youth Centre staff, or any agency acting on their behalf, to sign on my behalf any written form of consent required by the hospital authorities, if any delay to obtain my signature is considered inadvisable by the Doctor or Surgeon concerned.

- I understand that the young person is responsible for the safe custody of their own personal belongings and effects and that North Avenue Youth Centre cannot be held responsible for replacing any such effects or equipment that are lost, damaged or stolen, nor for compensation of any kind.

Signature of Parent / Guardian