



Membership & Consent Form

Views no: _____

Project: _____

Activity: _____

Please complete clearly in ALL CAPITAL letters.

PARTICIPANT DETAILS

First Name: _____ Surname: _____

Date of Birth: _____ Age: _____

Gender: Male Female Other _____ Prefer not to say

Home Address: _____

Postal Code: _____ Email: _____

Tel/Mobile No: _____

School/College attended: _____

Ethnicity:

- Black African Indian Chinese White & Black Caribbean
- Black Caribbean Pakistani White (UK) White & Black African
- Black Other Bangladeshi White (Irish) White & Asian
- Moroccan Asian Other White (Other) Other Mixed
- I do not wish to give the information Unspecified /Other

HEALTH & WELLBEING

Indicate below if your child has an illness or injury which might affect them whilst attending YAA:

Special Education Needs/LLDD Epilepsy Asthma Diabetes Allergies

Other: _____

Dietary requirements: (i.e halal, vegetarian) _____

Please indicate if your child takes any medication:

**This does not indicate that we are taking responsibility for the giving of medicine; it is only for information regarding your child's ability to participate in the activities.*

Medication: _____

Name of Doctor: _____

Telephone No: _____

EMERGENCY CONTACT

Full Name: _____

Address: _____

Telephone No: _____

Email Address: _____

PHOTOGRAPHY/ VIDEO CONSENT *(for children and young people under 18)*

Youth Action Alliance would like to take photography/webcam recordings of your child or dependent participating in YAA activities/sessions. These images/recordings may appear in our printed publications, our website and social media, to promote our services. To comply with the Data Protection Act 2018, we need your permission. We will not publicize any personal data without your full consent. You can withdraw consent at any point by contacting us at info@youthactionalliance.org or 020 8964 3149.

May we use images/recordings of your child for promotional purposes? Yes No

PARENTAL CONSENT

I, the undersigned, have read and understood the purpose of the above information and conditions of this form, and give my consent (for my child) to participate in YAA activities.

If you are under 18 years old, a parent/guardian must sign this form.

Name of Parent/Carer: _____

If different from emergency contact details:

Address: _____

Telephone No: _____

Email Address: _____

Signature: _____

Date: _____