**Please feel free to edit this template to suit the needs of your youth group/organisation.**

**Youth Club Session – Registration Form AGE GROUP (8-12, 13-17 ETC.)**

|  |  |
| --- | --- |
| **Name of Youth Club** |  |
| **Child or Young Person’s Name** |  |
| **Date of birth**  |  |
| **Gender** (Male, female, non-binary, other, prefer not to say) |  |
| **Ethnicity** | **Asian/Asian British** | **Tick** |
| Indian |  |
| Pakistan |  |
| Chinese |  |
| Bangladeshi |  |
| Other |  |
| **Black/African/Caribbean/Black British** |
| African |  |
| Caribbean |  |
| Other |  |
| **Mixed/Multiple Ethnic Groups** |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| Other |  |
| **White** |
| Welsh/English/Scottish/Northern Irish/British |  |
| Irish |  |
| Gypsey, Roma or Irish Traveller |  |
| Eastern European |  |
| Other |  |
| **Other Ethnic Group** |
| Arab |  |
| Other |  |
| Prefer not to say |  |
| **School** |  |
| **Home address including postcode** |  |
| **Parent/Carer’s Name (emergency contact 1)** |  |
| **Phone number** |  |
| **Email address** |  |
| **Emergency contact 2**(Name, phone number and relationship to the child or young person) |  |
| **Details of any SEND (special educational need or disability), mental health condition or behavioural issue**  |  |
| **Any medical conditions, allergies etc**  |  |
| **Any special dietary requirements** |  |
| **Details of any medication that has to be brought to the youth group session** |  |
| **How will the child or young person get home from sessions?** (N.B. It is strongly advised that children aged under 10 are brought to the session and collected afterwards by a responsible adult) |  |
| **Is the child or young person *eligible* for free school meals?** |  |
| **What other youth activity is your child already involved with?** |  | **Tick** |
| Competitive Sports Team e.g. football, cricket, netball |  |
| Sports general e.g. swimming lessons, trampolining club |  |
| Uniformed Group e.g. Scouts, Guides, Army cadets |  |
| Duke of Edinburgh Award |  |
| NCS Programme |  |
| Religious education e.g. mosque, Sunday School |  |
| Performing arts e.g. dance, music, theatre |  |
| Other |  |

**Consents**

1. I give consent for my child’s personal information to be stored securely for as long as they attend the sessions. The information will only be used by KYA
2. I give consent for the club leader to contact the emergency services if an emergency occurs during the session
3. I give consent for my child to be photographed or videoed in the session occasionally. Any photographs or short video clips will be used to support the evaluation of the sessions and for promoting the club on social media.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Evaluation Question**

If your child was not attending this youth club, would you be concerned about any of the following? (Tick any that apply)

|  |  |
| --- | --- |
| **They would be lonely** |  |
| **They would not get enough exercise** |  |
| **They would be bored** |  |
| **They might find themselves in unsafe or risky situations e.g. playing in unsafe areas or involved in anti-social behaviour** |  |
| **None of the above** |  |

Thank you!