

Youth Service Registration Form

YSR1

Centre/Project Registration for:	
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Child/Young Persons Details

Child/Young Person Full Name			
Address			
Postcode		Home Phone Number	
Date of Birth		Current Age	

Parent/Guardian Information
Emergency Contact Information

Parent/Guardian Name		Emergency Contact Name	
Relationship		Relationship	
Mobile Number		Mobile Number	
Telephone Number		Telephone Number	

Medical Information

Name of Doctor		Doctor Telephone Number	
Details of any known conditions, allergies, including those relevant to any offsite activities. (e.g. Autism, ADHD, Asthma, Diabetes, Epilepsy, Allergies)			
Details of any medication currently being taken for the condition			

Educational Background

School Attended		Current Year	
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Activity/Programme Options

If available at this centre/project do give consent for child/young person to have access to the ICT Facilities and Internet	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Some centres/projects also provide online group work through online video conferencing, do you give consent for your child/young person's participation	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Details of any activities or programmes you would not want your child/young person to participate in

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Using images of young people

May we use your young person/child's image in our printed promotional publications?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
May we use your young person/child's image in the local press?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
May we use your young person/child's image on our website?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
May we record your young person/child's image on our promotional videos?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
May we use your young person/child's full-face image on Social Media?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Leaving the premises during the session, or before the session has ended.

I agree and have read the section in the Parent/Guardian Information Pack relating to leaving the premises early and understand that the youth club will not be responsible for the young person once they have left the premises.	Agree <input style="width: 50px; height: 30px;" type="checkbox"/>
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Please detail any relevant information about your young person which will help us provide a safe and inclusive service for them

By signing this form, I confirm that:

- I will inform the Youth Worker in Charge of any changes to my child's health, medication or needs which could affect their participation in activities
- I will inform the Youth Worker in Charge of any changes in address or relevant numbers given above
- I will discuss with my child acceptable behaviour and insist they follow the anti-bullying policy of the club and all other relevant policies within
- I have read the Education Authority Child Protection Policy Statement and I will co-operate with the Youth Centre staff in its implementation and enforcement if and when necessary

Data Protection Statement

EA is obliged to comply with the General Data Protection Regulation when processing personal information. The information provided by you to the Education Authority (EA) in this form is required to enable us to perform our tasks as a public authority in relation to the delivery of statutory youth services. We will therefore be processing your personal information on the lawful basis that such processing forms part of our public task. We have published detailed Privacy Notices on our website (<https://www.eani.org.uk/about-us/privacy/ea-privacy-notices>) which provide further information on how EA processes your personal information as well as detail on how to contact us if you have any questions.

Signature: _____ (Parent / Guardian)

Print Name: _____ Date: _____