Fusion Family and Youth Projects Membership Form

ONLY ONE CHILD PER FORM PLEASE

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| --- | --- | --- | --- | --- |
| First name  Second name | | | | Date of Birth  Age |
| Gender and pronouns | | | | Ethnicity |
| Address | | | | |
| Post code | Phone number | | | |
| School | | Email | | |
| Any medical condition/ information we need to be aware of? If yes, please explain.  YES NO | | | | |
| Are there any dietary requirements we need to be aware of e.g. Allergens, religious? If yes, please explain. YES NO | | | | |
| **In an emergency who can we contact? We need two contacts please.** | | | | |
| Name -  Relationship to young person - | | | Mobile Phone number  Home phone number | |
| Name -  Relationship to young person - | | | Mobile Phone number  Home phone number | |
| **Permissions - please read carefully and circle the answer** | | | | |
| I am happy for my child/ward to be photographed during activities for our social media. | | | Yes but no name included.  Yes  No | |
| I am happy for my child/ward to appear in supervised videos for our social media including TikTok | | | Yes but no name included.  Yes  No | |
| I give permission for the named young person to walk home by themselves. | | | Yes  No | |
| I give permission for the named young person to attend Fusion. | | | Signature  Date | |