

Sedgefield Youth Club Registration Form

All young people are required to complete this form. When paying subs to enter the youth club the young person agrees to follow all youth club rules.



Sedgefield
Town Council

Surname	<input type="text"/>	Do you have any disability? Please provide information	<input type="text"/>
Forename	<input type="text"/>		
Date Of Birth	<input type="text"/>		
Address	<input type="text"/>	Do you have any medical conditions? Please provide as much information as possible.	<input type="text"/>
Post Code	<input type="text"/>		
Contact Number	<input type="text"/>	Do you regularly take or require any medication?	<input type="text"/>
E-mail Address	<input type="text"/>		
1st Contact Name	<input type="text"/>	At the end of the session how will you get home?	<input type="text"/>
Relationship to Child	<input type="text"/>		
Contact Number	<input type="text"/>	Facebook Consent	<input type="text"/>
2nd Contact Name	<input type="text"/>	Photographs	<input type="text"/>
Relationship to Child	<input type="text"/>	Young Persons Signature	<input type="text"/>
Contact Number	<input type="text"/>	Registration Date	<input type="text"/>

