

# WHEELWORKS

CENTRE / PROJECT REGISTRATION FOR:

CHILD / YOUNG PERSON'S 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 TO CHILD		RELATIONSHIP TO CHILD	
MOBILE NUMBER		MOBILE NUMBER	
EMAIL		EMAIL	

## MEDICAL INFORMATION

NAME OF DOCTOR		DOCTOR TELEPHONE NUMBER	
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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 *(please tick chosen option)*

IF AVAILABLE AT THIS CENTRE/PROJECT, DO YOU 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 GROUP WORK THROUGH ONLINE VIDEO CONFERENCING (ZOOM), 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**

**USING IMAGES OF YOUNG PEOPLE** *(please tick chosen option)*

**MAY WE USE YOUR YOUNG PERSON / CHILD'S IMAGE IN OUR PRINTED PROMOTIONAL PUBLICATIONS?**

YES

NO

**MAY WE USE YOUR YOUNG PERSON / CHILD'S IMAGE IN THE LOCAL PRESS?**

YES

NO

**MAY WE USE YOUR YOUNG PERSON/CHILD'S IMAGE ON OUR WEBSITE / SOCIAL MEDIA?**

YES

NO

**MAY WE RECORD YOUR YOUNG PERSON / CHILD'S IMAGE ON OUR PROMOTIONAL VIDEOS?**

YES

NO

**LEAVING THE PREMISES DURING THE SESSION, OR BEFORE THE SESSION HAS ENDED**

**I AGREE AND UNDERSTAND THAT IF MY CHILD LEAVES THE PREMISES EARLY, THE YOUTH CLUB AND OR WHEELWORKS WILL NOT BE RESPONSIBLE FOR THE YOUNG PERSON ONCE THEY HAVE LEFT THE PREMISES.**

**AGREE**

**COVID-19 TEST, TRACE, PROTECT** *(please tick chosen option)*

**DO YOU GRANT PERMISSION FOR WHEELWORKS TO SHARE YOUR CHILD / YOUNG PERSON'S DETAILS WITH PHA TEST, TRACE, PROTECT, IF REQUESTED BY THE SERVICE**

YES

NO

**BY AGREEING TO THIS FORM:**

- I CONFIRM THAT I HAVE RECEIVED AND READ THE PARENT / GUARDIAN INFORMATION PACK
- 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 BEHAVIOR AND INSIST THEY FOLLOW THE ANTI-BULLYING POLICY OF THE CLUB AND ALL OTHER RELEVANT POLICIES WITHIN

**SIGNATURE:**

*(Parent / Guardian)*

**PRINT NAME:**

**DATE:**