

# Our Lady Immaculate Junior Youth club

## Guest Membership Application Form



All information provided is for our records and will be treated as STRICTLY CONFIDENTIAL. Information will only be disclosed to those who require it (e.g. Leaders, medical professional etc). All information will be kept secure

Please complete this form after reading the Code of Conduct & Behaviour Management Policy available on the Parish Website at [www.Olionline.co.uk](http://www.Olionline.co.uk). The completed form should be handed to a Youth Club Leader at the beginning of the club session together with the appropriate guest membership fee if applicable: £1.50 per session, 75p for siblings or in some circumstances free membership is offered. Full details are available on the parish website at [www.Olionline.co.uk](http://www.Olionline.co.uk).

**Please note: Parental permission is required for attendance at the Junior Youth Club. Guest members will not be allowed to attend the club unless this form is completed in full.**

**Guest places are limited to 5 spaces per session. The management committee have discretion to vary this number subject to the overall maximum of 45 children not being exceeded. In order to guarantee entrance, club members are able to book a guest space in advance with a member of the management committee.**

\*Please circle as appropriate

### SECTION A: GUEST MEMBER DETAILS:

Name of Full Member: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Gender: \*      M    /    F

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Year: \*    7   /   8    Parish: \_\_\_\_\_

Parent/Guardian\* names: \_\_\_\_\_

Email Address (Parent/Guardian\*): \_\_\_\_\_

Home Tel Number: \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_

### SECTION B: MEDICAL DETAILS:

Doctors Name and Address: \_\_\_\_\_

Surgery Tel No: \_\_\_\_\_

**Details of any relevant medical condition from which the child suffers (e.g. asthma, epilepsy)**

Medical Condition: \_\_\_\_\_

Specify known allergies & whether medication is carried (e.g. Epipen, inhaler, please continue on a separate sheet if necessary):

Any other special needs, requirements or directions that would be helpful for the Youth Club Leaders to know about:

### SECTION C: PARENTAL CONSENT:

**Parental consent is required for your child to attend the Junior Youth Club and to take part in activities arranged either in the Parish Hall or in the school playground.**

<b>I consent</b> to the above named member being able to take part in activities arranged by OLI Junior Youth Club and confirm that I am responsible for my child's safety whilst travelling to and from the Youth Club.	<b>* YES /NO</b>
<b>I consent</b> to my child walking home independently at the end of the youth club session:	<b>* YES /NO</b>
<b>I have read</b> and understood the OLI Junior Youth Club Rules and have explained these to my child, we both agree to abide by them: Club rules are available on the parish website at <a href="http://www.Olionline.co.uk">www.Olionline.co.uk</a> or on request from a member of the management committee.	<b>* YES / NO</b>
<b>I consent</b> should it be considered necessary by a doctor in the event of an emergency to my child receiving medical treatment:	<b>* YES / NO</b>
<b>The Youth Club may produce marketing and news material and has a web page.</b>  Confirm if you are happy for your child's picture to be taken and included in any publicity.  <b>I give my consent:</b>	<b>* YES / NO</b>

Signed: \_\_\_\_\_ Parent / Guardian \*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE THAT THIS CONSENT WILL REMAIN VALID FOR ONE TERM.**

### SECTION D: CLUB USE ONLY:

Date Form Received: