



Corfe Mullen Youth Trust: Membership Form (under 18 years)

Blandford Road, Corfe Mullen BH21 3HQ

If you need help filling out this form, please ask one of the club staff or email us at nigel.cmyc@gmail.com.

Parent/Carer email	
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Club Member Details: School..... Year.....

First name				
Surname				
Home Address				
	Postcode:			
Date of Birth *				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>			
Ethnicity **	British <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Scottish <input type="checkbox"/>	Welsh <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/>	Mixed <input type="checkbox"/> Other <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Usual method of travel to the club**	On foot <input type="checkbox"/>	By bicycle <input type="checkbox"/>	By car <input type="checkbox"/>	By bus <input type="checkbox"/>

**If you prefer not to provide Date of Birth details please enter Year Group at start of Summer Term.*

***Not compulsory, however, the information may help the club adapt to your child's needs.*

Emergency Contacts:

Please provide details of two people that we could contact in an emergency i.e. Parent or relative.

	Primary Contact	Secondary Contact
First name		
Surname		
Relationship to Member		
Mobile telephone number		
Home telephone number		
Work telephone number		
Address – <i>If different than Club Member</i>		
	Postcode:	Postcode:

Photographs:

From time to time we may take photographs of Corfe Mullen Youth Club activities to be used in club promotion - club displays and posters, newspapers/magazine articles, or on our club website.

I consent to my child being photographed while involved in Corfe Mullen Youth Club's activities.			
Parent / Carer name			
Parent / Carer signature		Date	

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Medical Details:

Name of Doctor	
Address of Doctor's surgery	
Doctor's telephone number	
Please tick if the Club Member is Disabled under the Equality Act 2010*	Physical disability <input type="checkbox"/> Mental Health <input type="checkbox"/>
Please give details of any significant health issues that club leaders need to be aware of (e.g. asthma, learning disabilities)	
Please give details of any dietary issues and allergies (e.g. nut allergy)	

** Not compulsory, however, the information may help the Club adapt to your child's needs as well as assist in compliance with obligations under equal opportunities legislation such as the Disability Discrimination Act.*

General Data Protection Regulations (GDPR)

Corfe Mullen Youth Trust (CMYT) is committed to the principles of data protection and all information contained in the member records will be maintained to ensure the individual's rights to confidentiality.

By signing this form, you are confirming that you consent to CMYT holding and processing your data in order to safeguard the young person and keep you informed of news, events and activities relating to the Club.

I consent to CMYT contacting me by	Text <input type="checkbox"/>	Phone <input type="checkbox"/>	Email <input type="checkbox"/>
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Parent / Carer Please Sign:

I have read the GDPR statement and I am happy for my child to attend Corfe Mullen Youth Club	
Parent / Carer name	
Relationship to Member	
Parent / Carer signature	
Date	
I am happy for my child to travel home from the club on their own <input type="checkbox"/>	

Child/Young Person's Agreement:

I have read/been read and understood the Corfe Mullen Youth Club's Code of Behaviour and I agree to follow it including use of mobile phones and social media. I understand that if I break the code, my membership could be suspended or withdrawn at any time.	
Your name	
Signature	
Date	