

# OYES YOUTH GROUP MEMBERSHIP

Young Person's Full Name.....Date of Birth.....

Address.....  
.....

Parent/Guardian's Name.....Relationship to young person.....

Your Phone number: Day..... Evening.....

Please give the name of an additional contact in case you were not available during club time:

Name..... Phone number (evening).....

## Medical Information

Date of last anti-tetanus injection (if known).....

Details of any medication, medical problem (eg. Asthma, epilepsy, diabetes, allergy, dietary needs) or disability which may affect normal activity:

## Parental Consent:

1. I give permission for my child to take part in the normal activities of the club.
2. I give permission for my child to receive medical treatment in an emergency.
3. The youth club occasionally have evenings around Tywyn, taking photographs and filming activities. I give permission for my child to take part in these evenings and to be in the photographs and video. Some of these may feature on the OYES official website ([www.tywynyouth.co.uk](http://www.tywynyouth.co.uk)).

**Signature of person with parental responsibility**.....

(If you do not have parental responsibility, please obtain a signature from the correct person)

## Responsibilities accepted by Tywyn Baptist Church

1. Your child will always be supervised by an adult approved by the church leaders.
2. We will take all reasonable care of your child during the club times.
3. We will ask your consent again if we wish to take your child swimming, or for a longer time than normal, or on a journey by vehicle.
4. We will use photos or videos of your child only in a responsible way.
5. We will supply you, on request, with a copy of the church policies on Child Protection and Use of Child Images.

## Young Person's Consent

I agree to respect the club leaders and to follow their instructions.

**Signature of young person**.....