



Waterford & South Tipperary Community Youth Service

Annual Membership Form

Year: 2019

Project/ Group Contact Details

Project/Group Name: Manor Street Community Youth Project
Project/Group Address: Edmund Rice Youth & Community Multiplex, Manor Street, Waterford.
Contact Youth Workers: Debbie O' Rourke (086)0218941 Mary Connors (086)6018961

Personal Details – Young Person

Name: _____
Your own Contact Number: _____
Address: _____
Age: _____ Date of Birth: _____

Parent/Guardians Details – fill this out if you are under 18 years

Name of Parents/Guardians

1. _____ 2. _____

Address: _____

Contact Numbers: Mobile: 1. _____ 2. _____
Work: 1. _____ 2. _____
Home: 1. _____ 2. _____

Emergency Contact Details

First emergency contact must be member's next of kin (Please let us know if these details change)

1. Name: _____ Relationship to Member: _____
Mobile No: _____ Work No: _____ Home No: _____
2. Name _____ Relationship to Member: _____
Mobile No: _____ Work No: _____ Home No: _____

Health Information

1. Are you prone to headaches, fainting or dizziness? YES NO
2. Do you experience any chest pains, wheeziness, or sickness during or after physical activity? YES NO
3. Do you have any bone or joint problem that could be aggravated by physical activity? YES NO
4. Is there any reason why you should not take part in physical activity or sport without medical approval? YES NO
5. Have you ever had:
- | | | | | |
|-----------|-----|--------------------------|----|--------------------------|
| Seizures | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Diabetes | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Asthma | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Allergies | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If YES to any of the above, please give details:

Are you currently on over the counter or prescribed medication? YES NO

If YES please give details: _____

If there is any other condition not listed, which may affect your participation and which leaders should be aware of please give details:

Doctors Details:

Name: _____ Tel: _____

Address: _____

Declaration of consent – ideally this should be signed by parents/guardians for anyone under 18 years

This declaration must be signed by the parent/guardian of the applicant:

1. I give my consent for the young person in my care as named named above, to participate in Manor Street Community Youth Project
2. I give my consent to any emergency medical treatment, including the administration of medication or anaesthetic or X-ray by a doctor/nurse/paramedic and/or first aid administered by project staff as and if required.
3. I give permission for them to be photographed or videotaped while engaged in an activity/event/programme with the project or group and I know that these photos may be used to promote the work of the project.
4. I am aware that individual records are maintained as part of the organisations work with young people. These records are maintained carefully and only used for internal planning and monitoring progress. I understand that I can view any records kept about my child. I have the right, given by the Data Protection Act of 1988 and 2003, to submit a written request for a copy of my child's personal information at any time.
5. I understand that the project/group takes seriously its obligation to put the welfare and safety of children first at all times.
6. I Give my permission for staff from the Manor Street Community Youth Project to contact me by phone, text, email or visit in relation to project activities.

Signed: _____
Name of Parent/Guardian

Date: _____

Young Person's Declaration of Voluntary Participation & Consent

I _____ agree to become a participant of Manor Street Community Youth Project of my own accord and I understand that it is of my own free will to attend the group.

I am aware and give my consent to records being kept on my involvement and I understand that I can see these records at any time should I so wish. I have the right, given by the Data Protection Act of 1988 and 2003, to submit a written request for a copy of my personal information at any time.

Signed: _____
Signature of Young Person

Date: _____