



Registration Sheet

Year: 2019

Your Personal Details

Name: _____ Your own contact No: _____

Address: _____

Age: _____ Date of Birth: _____

Emergency Contact Details

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

Name: _____ Relationship to Member: _____

Mobile No: _____ Work No: _____ Home No: _____

Does this person know you are at an LGBT group? _____

Health Information

Is there any medical details we should be aware of:

Young Person's Declaration of Voluntary Participation & Consent

I _____ agree to become a participant of GenderBlender 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: _____

Date: _____