**CONNECT MEMBERSHIP FORM**  <https://www.facebook.com/ConnectBYP>office@bypconnect.com

NEW Website https:/www.bypconnect.com

Membership Number: \_\_\_\_\_\_\_\_\_\_ Date form returned :\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Young Person’s Name:Date of Birth: Age: Class: School: |
| Parent/Guardian - Home TelephoneMobile Number:Address:Postcode:Parent/Guardian Email  |
| ** I hereby give consent to be contacted by e-mail/mail with other events and offers which Connect may have.****Please note that personal information will be kept in accordance with GDPR (Data Protection).** |
| Alternative Contact (for use in an emergency e.g. neighbour, relative not resident at the address above):Name: Relationship:Address:  Telephone - Home: Mobile: |
| Medical Information:Doctor: Practice Address:Telephone: |
| Does your son/daughter (under 16’s)/ do you (over 16’s) have any specific health/medical requirements?Health/Medical:Dietary:Others: |
| Is your son/daughter / are you allergic to any medication?If so please give details: |
| Emergency Treatment/ Medication:In the event of your child/you having an accident which requires them/you to have emergency treatment we will use our best judgment to contact the emergency services where appropriate. I hereby give my consent to any measure which the medical officer in charge considers essential.Parent/Guardian Signature (under 16’s)……………………………................Date………………..Young Person’s Signature (over 16’s)……………………………....Date……………….. |
| Photography/Video Recording/Social MediaWe may use video/photography/social media for publicity, activities/projects and evaluation purposes.I hereby \*give/do not give my consent for my/my child’s image(s) to be used.\*delete as appropriateParent/Guardian Signature (under 16’s)……………………………................Date………………..Young Person’s Signature (over 16’s)……………………………....Date……………….. |
| Parent/Guardian or Young Person ConsentI hereby consent Parent/Guardian Name: (please print)………………………………………….Parent/Guardian Signature (under 16’s)……………………………................Date………………..Young Person’s Name (over 16’s)……………………………....Date………………..Young Person’s Signature (over 16’s)……………………………....Date……………….. |

Thank you for your time taken to complete this form.

Please return to staff at Connect.