Activity Permission/Sign Up Form



*Required					YOUTH CLUB					
Young Person's Details										
First Names*			Surname*							
Date of Birth*		Post Code*		nber nber						
Name of School or College		,	Languages							
Please note any special requirements in the boxes belw										
Medication/Me	edical	Allergies	Dietary	Cultural/0	ther					
Emergency Contact If we can't get in contact with the parent/guardian named om our records First Names* Surname*										
Relationship*			Tel*							
Address			<u> </u>							
 Sign on the same row as the trip/activity to give consent/sign up. Those under 16 years will need parent/guardian consent. Those aged 16 and over need to sign up. Please tick to confirm the following: 										
I have no o	objectio	n to my child receiving	g first aid or emer	gency treatment.						
I give my o	onsent	for my child to travel	independently fro	om the activity.						
I give permission for Mary's to use photos/recording for publicity, fundraising or training.										
I give perr	I give permission for my child to participate in the activity as detailed above.									

Trip/Activity	Day	Date	Start	Finish	Spaces	Signature
Girls football @ Arsenal ages 10-15	Sat	06/04/19	10.00	13.30	10	
Water Sports @ Lea Valley Waltham Cross	Sat	13/04/19	12.00	18.30	15	
Water Sports @ Lea Valley Waltham Cross	Sat	20/04/19	12.00	18.30	15	
Cycling @ TBC	Sat	27/04/19	12.00	16.00	10	
Walking @ Walthamstow wetlands	Sat	04/05/19	11.00	17.00	10	
Return the form to a membe	Date Sig	ned:				