



MEMBER REGISTRATION FORM 2016/'17

PLEASE WRITE IN **BLOCK** CAPITALS USING A **BLACK** BALLPOINT PEN FOR PHOTOCOPYING PURPOSES

TO BE FILLED OUT BY YOUNG PERSON

SECTION A: MEMBER'S INFORMATION.

Name of Youth Club/Project:

Name:

Address:

Date of Birth: / /

Are you Male or Female

Mobile:

Please Tick Relevant Age Group:

<10	10-14yrs	15-17yrs	18-21yrs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E-mail Address:

Name of School Attending:

Are you currently, or have you previously been involved in any other KDYS Programme: (Please List)

Medical Information:
 Do you:

- a) have any conditions requiring medical treatment (e.g. asthma, diabetes epilepsy);
- b) need to take any medication (e.g. Ritalin, inhaler)
- c) have specific requirements to enable full participation in our programme of activities (e.g. wheelchair access, large print)?

If you ticked yes to a), b) or c), please give details:

Youth Participation: What would You like to do in this Club/Project? i.e. activities, workshops, trips, etc.

Member Signature: _____

Date: _____

