

# ANNUAL MEMBERSHIP FORM

PLEASE COMPLETE AND BRING THE NEXT NIGHT YOU ARE AT REACH

NAME OF YOUNG PERSON:			
D.O.B	/ /	AGE:	
NAME OF PERSON COMPLETING THIS FORM:			
RELATIONSHIP TO YOUNG PERSON:			
HOME ADDRESS			
POSTCODE		TEL. NO	

## MEDICAL DETAILS

In order to provide the best possible care for your young person, we need to be made aware of any known medical conditions, allergies, or special needs relative to them. (e.g epilepsy, asthma, peanut allergy etc.)

PLEASE INDICATE:	

Please provide contact details of a responsible adult in case of any emergency, other than those details given above:

1 <sup>ST</sup> CONTACT PERSON:		PHONE:	
2 <sup>ND</sup> CONTACT PERSON:		PHONE:	

Leader in Charge: Mr Philip Hartin (077 9000 4819)

## PARENTAL/GUARDIAN CONSENT

I grant permission for my young person (named above) to attend and take part in the various sporting and religious activities organised by the Reach, and abide by the rules thereof. On an occasion where transport is required I give my consent for my young person to travel in either a private car or bus driven by Reach leaders or qualified drivers. I also grant permission for my young person to be included in any photography taken during Reach activities. Such photographs may be used for general publicity purposes within the church and district. I consent to my young person, in the event of any requirement, receiving immediate first aid and/or professional medical attention where necessary, in the interest of the health and welfare of the young person.

SIGNED: \_\_\_\_\_ (PARENT/GUARDIAN)

PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_