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| **Membership/Activity and Medical Details Form** | |
| This form must be completed by the parent or guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.  For user’s safety we have operational CCTV cameras outside the building and located in the building. Recordings from the cameras will be kept for 30 days and then deleted.  We may share your information with West Berkshire Council and other youth & community organisations so that we can find activities and support that suits you.  Personal data will be stored on a secure database held by Theale Parish Council. | |
| **Participants Details** | |
| **Surname:** **First Name:** | |
| **Date of Birth:** **Male/Female/Other** | |
| **Address:** | |
| **Ethnic Origin:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Black Caribbean | 🞎 | Pakistani | 🞎 | White UK | 🞎 | | Black African | 🞎 | Bangladeshi | 🞎 | Other European | 🞎 | | Black Other | 🞎 | Asian Other | 🞎 | White non-European | 🞎 | | Chinese | 🞎 | Mixed Race | 🞎 | Other | 🞎 | | Indian | 🞎 | Irish | 🞎 |  | | | |
| **Two Emergency Contacts – These must be two different people** | |
| **Name:**  **Relationship to participant:**  **Address:**  **Contact Number:**  **Email Address:** | |
| **Name:**  **Relationship to participant:**  **Address:**  **Contact Number:**  **Email Address:** | |
| **Medical Info:** | |
| **Doctor’s Name:**  **Surgery Address:**  **Surgery Contact Number:** | |
| **Please give details of any medical conditions/disabilities e.g. diabetes, epilepsy, allergies etc** | |
| **Current Medical Treatment including medication:** | |
| **Details of any special dietary requirements:** | |
| **Theale Parish Council**  **Photo/Media Consent:**  I understand that Theale Parish Council may wish to take photographs or videos during the session, for the purpose of publicity/recording and this may include posting onto the website/social media/ displays or newsletters. | **Please tick as appropriate:**  **I allow my child to be in photographs.**  **I do not allow my child to be in photographs.** |
| **External Media/Publicity Consent**  I understand that Theale Parish Council may have requests by external organisations to interview young people regarding their experiences with our activities. | **Please tick as appropriate:**  **I allow my child to participate and their interview to be publicised.**  **I do not allow my child to participate.** |
| We would like to send you information about other activities & programmes, news, fundraising activities, or marketing materials that we may wish to promote, by post, telephone, email, and SMS. If you agree to being contacted this way, please tick the relevant boxes. | **Please tick as appropriate:**  **Post**  **Email**  **Phone**  **SMS** |
| **Parental Consent** | |
| **Parents/Participants must ensure that any change of details are notified to Theale Parish Council.**  **Signed (Parent/Guardian/Participant over 18): Date:** | |
| **I agree to follow staff instructions to ensure my and everyone’s safety.**  **Signed (Member): Date:** | |