

# NAS Stafford Youth Club Young Person Registration Form

Young Person's Name:	
Address:	
Postcode:	
Date of Birth:	
Sex:	
Ethnicity:	
Parent/Carer Name:	
Phone number:	
Mobile number:	
Email Address:	
2 <sup>nd</sup> Emergency Contact Name:	
Relationship:	
Contact number:	
Mobile Number:	

Young Persons Diagnosis:	
Date of Diagnosis:	
School/College	
Provision (i.e. mainstream with support)	

<p>Please provide details of the support that will enable your child to enjoy the youth group.</p>	
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**Medical Information**

**Please provide details of any medical conditions that your child has, the treatment that your child currently receives and emergency treatment that may be required.** For example: Specific food allergy and the food that your child cannot consume and medical treatment in the event of consuming such food. Epilepsy, the current treatment and type of seizures and required support.

Name of GP:

Address:

Phone Number:

Our aim is to ensure that all young people enjoy their time at the Youth Club. Please provide any other information that will enable us to better understand and support your child.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_