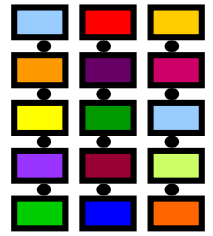


Registration Form

(To be completed and signed by Parent/ Guardian if under 16 years old)



Pennypit Special Needs Youth Club
15-24

Personal Information:

Young Person' Name: _____

D.O.B: _____

Address: _____

Town: _____

Postcode: _____

Tel No.: _____

Emergency Contacts:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Contact no.: _____

Contact no.: _____

Medical Information: (Please state any medical conditions and medication requirements)

Doctor: _____

Tel no.: _____

Medical Practice _____

Other Information: (please provide any other information that we may need to know about you)

Who will be collecting you from the Club?

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Contact no.: _____

Contact no.: _____

My son/ daughter is under the age of 16 years old. I here by give my consent for them to attend the Prestonpans Special Needs Youth Club

Signed: _____

Relationship: _____

Date: _____