



# Youth Programmes Enrolment Form



Participant Name:			
Date of birth:		Age:	
Address:			
Contact Email:		Telephone	
Gender:		Ethnicity:	

Emergency Contact Details:			
Name:		Telephone:	
Name:		Telephone:	

Any medical Conditions and/or on medication currently: (Information used in case we need to notify emergency services in case of accident or emergency.)	
Any special dietary	
Any food allergies?	

Please list your interests and hobbies:

Participant Signature:		Date:		
I give my consent for photographs of me to be used on YMCA Central publications and promotional material:			Yes	
			No	
I give consent for my Child/ Youth to attend off site excursions in the course of the programme			Yes	
			No	
Parent/Guardian Signature: (Parent sign if youth is under 16 years)		Date:		
School or organisation:				

