

**Group Name:** UNITE Catholic Youth

**Group Leader:** Emma Rayment

**Nature of Activity:** Youth Club

5-7pm Tuesday St Peter's, Leamington  
5-6.30pm Wednesday St Joseph's, Whitnash  
6.30pm-9pm Friday St Peter's, Leamington  
One off youth club events/social meeting

**Please fill out this form completely.**

Please write clearly.

### Personal & Contact Information

(to be completed by Parent/Guardian)

Participant Name

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Date of Birth 

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Home Address (incl. Postcode)

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Parent/Guardian Name

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Address (if different from above)

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Email Address

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Contact Telephone Number

Daytime 

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Evening 

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### Additional Emergency Contact Information

Name

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Relationship to Participant

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Contact Telephone Number

Daytime 

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Evening 

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### Medical Information

Name of GP

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Telephone Number

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Address 

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Participant's NHS Number

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Does the participant suffer from asthma, allergies, diabetes, epilepsy or and other medical problem that may affect normal activity? Please give details of condition & treatment.

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Will the participant have any medication with them? Please give details.

N.B. for children under 10 any medication is to be given to person in charge

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Does the participant have and special dietary needs?

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\*Please notify the group leader or person in charge if the participant has been in contact with any infectious disease within 3 weeks prior to the event.

**Permission & Consent** (to be completed by Parent/Guardian)

I give permission for \_\_\_\_\_ to participate in the above named activity.

-I consent for my child's photo to be used for promoting parish events/activities on social media.

-I consent for my child's photo to be used on the parish website and parish newsletters.

-I give permission for my contact details to be used by UNITE Catholic Youth to keep me updated with events and news.

-I consent to my young person adhering to UNITE Catholic Youth Expected Behaviour Policy.

-I am happy to be contacted about future events that may be of interest.

-I consent to my young person coming to and from youth club independently. (All young people under 11 years MUST be dropped off and collected by an adult over 18 years of age)

In the event that I can not be contacted by ordinary means, I give permission & consent for \_\_\_\_\_ to receive any necessary medical treatment and authorise the group leader/person in charge to sign any documents required by the hospital authorities.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of Child/Young Person for photographic/video consent as described above and consent to adhere to UNITE Catholic Youth Expected Behaviour Policy.

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