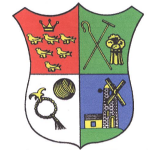


Friday Night Project Consent Form for all Activities 2012



**HAILSHAM
TOWN COUNCIL**

GENERAL INFORMATION - PLEASE COMPLETE IN CAPITAL LETTERS

Full name of child

Date of Birth

Home address of son/daughter.....

.....

Emergency contact:

Name and relation to child

.....

Tel No: (Home)(Work)

Dietary requirements.....

Medical needs/medication/Allergies.....

Some activities are physical & demanding, please notify us of any condition, limitations, reason, which may limit or affect your son/daughter in these activities.

.....

Name and Address of child's Doctor:

THIS INFORMATION WILL BE TREATED CONFIDENTIALLY

I give my consent for the above named to be transported by minibus, and take part in activities/trips for 2012

I understand that the youth-workers will take all reasonable care in running of the activity/trip, but I acknowledge the possibility that my son/daughter may for a short time, be out of sight of a youth-worker.

I give permission for emergency medication treatment to be carried out in the event that I cannot be contacted.

I understand that the minibus will return to 1 Market Square and I give permission for the above named person to make their own way home from The Square or unless The organiser is notified, that I will collect the above named from the drop off point. Youth-worker cannot be held responsible for any loss or damage to personal items.

Signature:.....(Parent/Guardian)

Name:.....(Parent/Guardian -Please print)

PHOTOGRAPHS & VIDEO

I give consent for my son/daughter to have his/her photograph and video taken and used in future publicity including press, media and websites I give consent for my son/daughter to have his/her photograph and video taken and used in future publicity including press media and websites, which may be clearly identified as my child.

Signature:(Parent/Guardian)

NAME:(Parent/Guardian -Please print)

Date:

THIS INFORMATION WILL BE TREATED CONFIDENTIALLY

YOUNG PERSONS SECTION

- I will respect the building and equipment.
- I will respect the staff by being polite and following instructions
- I will try not to swear
- I will not physically or verbally abuse anyone (this includes staff, visitors and other members).
- I will be considerate to others (especially neighbours) by keeping noise to a minimum whilst coming to and leaving the café.
- I will act in a responsible and mature manner.
- I agree to the terms of this code of conduct and will behave accordingly.
- I understand misusing the computers will result in me being denied computer access until further notice, (e.g. downloading indecent images, listening to offensive music, playing offensive games or damaging equipment.)
- Alcohol/drugs are not permitted in or out side of the premises, if you are under the influence of either substance or staff suspects that you are under the influence, you will be asked to move on. If you are considered to be a danger to your self or others the emergency services will be called and your parents/guardian will be informed.
- The Square policies are in place to protect the welfare of the users of the centre, I understand breaking any policy and refusing to leave the centre when asked, I will be excluded from the centre until a meeting is arranged with the project coordinator to discuss my actions.

Young Person Signature

Date

Parent/Guardian Signature

Date.....

PERSONAL INTERNET LOGIN DETAILS

Username: (all in lower case).....

Password: (all in lower case).....

