**YOUTH MEMBERSHIP FORM FOR BRENT DEAF & CODA YOUTH CLUB 2023**

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| **FIRST NAME** |  |
| **SURNAME:** |  |
| **DATE OF BIRTH**  |  | **AGE:** |
| **MALE OR FEMALE:** |  |
| **HOME ADDRESS** |  |
| **POSTCODE:** |  |
| **YOUR EMAIL ADDRESS** |  |
| **MOBILE NUMBER** |  |
| **SCHOOL/COLLEGE/UNIVERSITY** |  |
| **STUDY SUBJECTS** |  |
| **ARE YOU:   (please tick one box)** | **Deaf** | **Partially Deaf** | **Hard of Hearing** | **Deafblind** | **Hearing** |
| **COMMUNICATION METHOD:**  | **BSL (British Sign Language)** | **Oral/Lip-reading** |
| **ETHNICITY:** |  |

**EMERGENCY CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| **1ST PARENT OR CARER FULL NAME** |  | **2NDRELATIVE/FRIEND****FULL NAME:** |  |
| **HOME ADDRESS:** |  | **ADDRESS:** |  |
| **POSTCODE:** |  | **POSTCODE:**  |  |
| **LANDLINE TEL:** |  | **LANDLINE TEL:**  |  |
| **MOBILE** |  | **MOBILE** |  |
| **EMAIL** |  | **EMAIL** |  |

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| **Does your child have ANY MEDICAL CONDITIONS OR ALLERGIES, please fill the brief details**  |
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| **Your child has DIETARY REQUIREMENTS?** |
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**PHOTOGRAPHY AND PUBLICITY CONSENT FORM**

Dear Parent/Guardians,

Are you happy that we take photographs or videoclips of your son/daughter participating in activity?

|  |  |
| --- | --- |
| **YES**  | **NO** |

Can we have your permission for photography or videoclip for future publicity e.g., social media?

|  |  |
| --- | --- |
| **YES**  | **NO** |

**VOLUNTEERING OPPORTUNTIES**

|  |  |
| --- | --- |
| **YES**  | **NO** |

Are you interested in becoming a volunteer to support Brent Deaf & CODA Youth club E.g. serving the food, cleaning up, tidying up, helping on future special event outings or helping with the activity?

**Thank you for your time to fill this form. We hope that your child will enjoy in this club!**