

## YOUTH DEVELOPMENT TEAM: SUMMER ACTIVITIES 2015 REGISTRATION FORM

| First name                                               |      |        | Last name |
|----------------------------------------------------------|------|--------|-----------|
| Date of birth                                            |      |        | Age       |
| Gender (Please Circle)                                   | Male | Female |           |
| Home Address                                             |      |        |           |
| Postcode                                                 |      |        | Borough   |
| Phone                                                    |      |        | Mobile    |
| Email                                                    |      |        |           |
| Emergency Contact                                        |      |        |           |
| Name                                                     |      |        | Phone     |
| Relationship                                             |      |        |           |
| Any Medical / Disability We<br>Need To Know? E.g. Asthma |      |        |           |

| Are You Currently at (Pl<br>Circle)                                                                                                                   | ease                                                                                   | School     | Colle                                                                                 | ege                                                  | Other        |                                                                                                                               |                                                                                    |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------|------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------|
| Name of School/College                                                                                                                                | )                                                                                      |            |                                                                                       |                                                      |              |                                                                                                                               |                                                                                    |                                      |
| Known to Children and Service – please circle a as apply                                                                                              | as many                                                                                | CIN I      |                                                                                       | iving Ca                                             | re UAS       | YOT                                                                                                                           | YDT                                                                                | CWD                                  |
| Ethnicity (optional)<br>Policy                                                                                                                        | This ir                                                                                | nformation | is reques                                                                             | ted in or                                            | der to mo    | onitor Equ                                                                                                                    | ual Opp                                                                            | ortunities                           |
| Asian or Asian British<br>Afghani<br>Indian<br>Chinese<br>Bangladeshi<br>Pakistani<br>Sri Lankan<br>Any other Asian<br>background – please<br>specify | Black or Bla<br>African<br>Somali<br>Caribbean<br>Any other B<br>background<br>specify | lack       | Albania<br>Gypsy<br>Polish<br>Englisl<br>Scottis<br>Irish<br>Welsh<br>Romar<br>Any ot | / Irish Tr<br>h<br>h<br>han<br>her Blac<br>round – j | aveller<br>k | Mixed b<br>White a<br>African<br>White a<br>Any oth<br>backgro<br>Other e<br>backgro<br>Arab<br>Any oth<br>backgro<br>specify | and Blac<br>and Blac<br>aer mixe<br>ound –<br>athnic<br>ound<br>aer ethn<br>ound – | ck<br>ck Asian<br>ed<br>please<br>ic |

Religion: (optional)

|   | My Choice Of Activity | date(s) | Venue. |
|---|-----------------------|---------|--------|
| 1 |                       |         |        |
| 2 |                       |         |        |
| 3 |                       |         |        |
| 4 |                       |         |        |
| 5 |                       |         |        |

PLEASE COMPLETE THIS FORM AND RETURN TO THE ADDRESS OVERLEAF OR EMAIL TO ydt@harrow.gov.uk

## **Terms & Conditions**

- PLEASE BE AWARE THAT WE ARE NOT RESPONSIBLE FOR THE LOSS, THEFT OR DAMAGE TO PERSONAL PROPERTY WHILST THE YOUNG PERSON IS AT THE VENUE OR ATTENDING OFF SITE ACTIVITIES.
- Parents/carers of the young people attending the groups have responsibility for dropping and picking up their young person if they are under 13 years of age, unless you give written consent for them to make own way home. The young people are required to stay at the venue during the sessions.
- Some of the information on this form will be used to provide statistical data. Your rights are protected under the Data Protection Act 1998

To be completed by parents/guardians/carers of participants aged 16 and under. Please read the following terms and conditions and sign below. If you are over 16 you still have to sign and agree to the terms and conditions. By enrolling on any Youth Development Team activities, you acknowledge and understand that:

- In the event of an Emergency, medical treatment including anaesthetic may be authorised on your behalf by Harrow Council Staff and Representatives.
- Your information will be recorded on a database and will be accessible to Harrow Council staff and their partners.
- Activities that you are involved in may be photographed, filmed or otherwise recorded with the intension that the materials may be used to promote LA future events. If you do not wish for your image to be used, just notify staff before the start of the activity.

Please Tick if you don't want your photo/video to be taken by Youth development Team staff or representatives

| - |      |           |      | L – – – |
|---|------|-----------|------|---------|
|   | Name | Signature | Date |         |

Please hand Registration Form to the reception at Harrow Civic Centre or Wealdstone Youth Centre 38 - 42 High Street Wealdstone HA3 7AE or post to: **Youth Development Team Civic Centre 2<sup>nd</sup> Floor North Wing Harrow HA1 2XY** 

You can email completed form to: ydt@harrow.gov.uk

## Responsibilities and Ground Rules for Young People

Youth Development Team activities are meant to be a positive experience and enjoyable for EVERYONE.

Please treat each other and the equipment and premises with RESPECT at all times.

Follow Instructions given by staff. They are to ensure your health and safety.

Young people are required to stay at the venue during the sessions.

Violent or aggressive behaviour will not be tolerated. Nor will racist, sexist, homophobic or other abusive language. Anyone who is unable to follow this requirement may be excluded from the venue.

Alcohol, Smoking and the misuse of drugs are not permitted at any Youth Development Service activity / Groups. Any person suspected of being under the influence of alcohol and/or drugs will be asked to leave the session and parents/carers will be contacted.

Queries complaints and compliments should be raised firstly with the Youth Worker in charge.