



**SOUTH NORFOLK YOUTH ACTION (SNYA)  
MEMBERSHIP / PARENTAL CONSENT/  
APPLICATION FORM 2008/2009**

<b>NAME OF YOUNG PERSON:</b>
<b>DATE OF BIRTH:</b>
<b>Address:</b>
<b>E-MAIL ADDRESS</b>
<b>MOBILE TELEPHONE NUMBER</b>
<b>HOME TELEPHONE NUMBER</b>
<b>EMERGENCY CONTACT:</b> <b>Tel:</b>  <b>Name:</b>

- ✓ I/We agree to him/her taking part in all activities
- ✓ I/We agree to him/her being transported to events by taxi, coach, car or mini bus
- ✓ I/We agree to him/her abiding by the youth contract  
*(please delete as appropriate).*
- ✓ He/she (has no/ has the following) dietary/medical/cultural needs, including *any* disability or behaviour (including hurting him/herself or others), which may entail extra supervision by adults or specialist medical knowledge  
*(please delete as appropriate).* You may send these details in a sealed envelope if you wish)

**Details:**

The organisers may ask for further details with regards to some medical needs or behaviour management. This is to ensure that all children/young people in the group can enjoy our activities as safely as possible

- In general, all personal information will be treated as confidential
- Confidential information may be disclosed to social care services or the police if a child's health and welfare needs protecting, or when a crime has or may be committed
- In cases of medical or other sensitive information being held, members of the group will only be informed on the 'need to know' basis
- If a disclosure of abuse is made by a child or young person it is important for everyone to understand that they may not promise confidentiality
- A young person of 16 years or younger (if they can understand and make their own decisions) may give or refuse consent to referring a disclosure

**PLEASE PRINT**  
**Parent/Guardian**

**SIGNED:**

**DATE:**