

**HOLT YOUTH PROJECT**  
**Registered Charity No. 1128752**  
**Old Station Way,**  
**Holt, Norfolk NR25 6DH**  
**Tel: 01263 710918**

**Membership Application**

Surname ..... First names .....  
Date of Birth ..... Male/Female (delete one) School .....

Address ..... Postcode .....

Name of Emergency Contact/Parent/Guardian .....  
Home Telephone number .....  
Other Telephone numbers (for Emergency use) .....  
(e.g. mobiles) .....

Do you (Parent or Guardian) give consent for each of the following?  
Administration of a mild painkiller (i.e. paracetamol) Yes / No (delete one)  
The use of Gresham's School facilities Yes / No (delete one)  
The taking of photographs Yes / No (delete one)

**Health details**  
Asthma or Bronchitis Yes / No (delete one) Allergies to any known drugs Yes / No (delete one)  
Sight or Hearing difficulty Yes / No (delete one) Epilepsy Yes / No (delete one)  
Heart condition Yes / No (delete one) Severe headaches Yes / No (delete one)  
Allergies to food, Fits, fainting or blackouts Yes / No (delete one)  
pollen, dust or insect stings Yes / No (delete one) Any other illness Yes / No (delete one)

If you answered **Yes** to any of the above questions or if there is any other information about which we should be aware, please give **full** details below  
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Parents and Guardians are encouraged to come and talk to us if they have any queries or concerns.

Each member of the Holt Youth Project is required to sign a form saying that he/she will abide by the rules of the club. These are posted on the notice boards.  
In particular, if, after registration, he/she leaves the Project without our permission between club hours, we will not be responsible for them. The Project area is a safe environment which is smoke and alcohol free.

*It is very important that this completed Membership form is handed in at Registration when the Member next attends the Project.*

Signed ..... (Parent or Guardian) Date .....  
(all of the above details will remain confidential)

