

**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?**

<b>Administration of a mild painkiller (i.e. paracetamol)</b>	<b>Yes / No (delete one)</b>
<b>The use of Gresham's School facilities</b>	<b>Yes / No (delete one)</b>
<b>The taking of photographs</b>	<b>Yes / No (delete one)</b>

**Health details**

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

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)**