



Chalgrove Youth Club Parental Permission

To be completed for ALL members



Youth Club Member Details

Name	
Date of Birth	
Medical Conditions	

Parent/Guardian Details

Name	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	

Please tick the relevant boxes and sign the agreement below

Please return this form to the Chalgrove Youth Centre:

1. Your child or yourself may hand this form to any Youth Worker working within the Chalgrove Youth Centre.
2. Posted to the Parish Clerk, Jo Murphy, 13 Laurel Close, Chalgrove. OX44 7RE

<input type="checkbox"/>	I agree for my child to take part in the Chalgrove Youth Club
<input type="checkbox"/>	I understand that there is a tuck shop available (crisps, sweets and drinks)
<input type="checkbox"/>	I agree to photographs of my child being taken and used solely by Chalgrove Parish Council to publicise their work and/or funding sources.
<input type="checkbox"/>	I am interested in joining the Youth Centre Management Committee
<input type="checkbox"/>	I am interested in volunteering some of my time to the Youth Centre
<input type="checkbox"/>	My child will adhere to the following Club Rules: <ol style="list-style-type: none">1. No smoking or drinking alcohol inside the building or gated area2. No fighting or swearing (even in play)3. Respect each other, staff, buildings and equipment4. Do not take anything away that doesn't belong to you5. An entrance charge per session will be paid6. Have fun !!
<input type="checkbox"/>	I understand that this is a drop-in club
<input type="checkbox"/>	I have arranged for my child to walk home
<input type="checkbox"/>	I have arranged for my child to be picked up

Signatures

Signature from Parent	Signature from Young Person
Date	Date