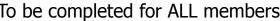


Date

Chalgrove Youth Club Parental Permission To be completed for ALL members





SHCOU	
Youth Club Member Details	
Name	
Date of Birth	
Medical Conditions	
Parent/Guardian Details	
Name	
Address	
Home Telephone Number	
Mobile Telephone Number	
Email Address	
Youth Centre.	
I agree for my child to take par	t in the Chalgrove Youth Club
I understand that there is a tuck shop available (crisps, sweets and drinks)	
I agree to photographs of my child being taken and used solely by Chalgrove Parish Council to publicise their work and/or funding sources.	
I am interested in joining the Youth Centre Management Committee	
I am interested in volunteering some of my time to the Youth Centre	
My child will adhere to the following Club Rules:	
1. No smoking or drinking alcoh	nol inside the building or gated area
2. No fighting or swearing (even in play)	
3. Respect each other, staff, buildings and equipment	
4. Do not take anything away that doesn't belong to you	
5. An entrance charge per sessi	ion will be paid
6. Have fun !!	
I understand that this is a drop-	-in club
I have arranged for my child to	walk home
I have arranged for my child to be picked up	
Signatures	
Signature from Parent	Signature from Young Person

Date