

**Long-Term Registration & Consent Form U 18s**

For office use only

Staff Member: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **CONTACT DETAILS**
 |
| Young Person’s Name: |  |
| Parent/Guardian Details 1: | Name:Address:Mobile No.: Email Address: |
| Parent/Guardian Details 2: | Name:Address:Mobile No.: Email Address: |
| Emergency Contact Details, if different from above: |  |
| 1. **YOUNG PERSON’S PROFILE**
 |
| Date of Birth: | 10-12 🞎 13-15 🞎 16-18 🞎  |
| Gender: | Male 🞎 Female 🞎 Other 🞎 Prefer not to say 🞎 |
| Nationality:If other, please state: | Irish 🞎 Other 🞎   |
| 1. **YOUNG PERSON’S Education/Employment Status**
 |
| Is the young person currently attending:If in education, please provide school/institution name & a brief address: | Primary School 🞎 Secondary School 🞎 Other including Leaving Certificate Applied (LCA) 🞎Not in Education (primary, secondary or LCA) 🞎 |
| If not in education, please indicate employment/training status: | Employed 🞎Unemployed 🞎In further education/training (Includes LYS Community Training Centre - CTC, Youthreach) 🞎Not in employment, education or training 🞎 |
| 1. **YOUNG PERSON’S MEDICAL INFORMATION: For safety reasons all participants must provide information of any underlying medical condition prior to joining. Any changes must be notified in writing.**
 |
| GP Details:  | Name: Phone Number:Address: |
| Is there any reason why this young person should **not take** part in any physical activity or sport?**If YES, please give more detail:** | Yes 🞎 No 🞎 |
| **Please detail any medication** that the above named young person may be required to carry or self-administer:  |  |
| Does this young person suffer from anaphylactic shock? | Yes 🞎 No 🞎 |
| Please indicate if the young person has any special dietary requirements:  |  |
|  |

**Declaration**

I, confirm that the information provided above is true and accurate to the best of my knowledge.

**PRINTED PARENT / GUARDIAN NAME: DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Consent Form**

**To be completed by Parent / Guardian**

**(Please read each question and tick ✓ as appropriate)**

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| **Name of Young Person:**  |
| I give permission for the above named young person to participate in agreed weekly activities and/or programs and I accept that Limerick Youth Service has no responsibility for the young person outside of these agreed times\*. | **🞎** |
| I understand that the named young person must abide by agreed rules and procedures and failure to do so could result in the young person missing out on planned activities or events.  | **🞎** |
| In the event of an accident / illness requiring emergency treatment and failure to make contact with any of the persons listed on this form, I agree to give consent to the administration of treatment from a qualified medical practitioner.  | **🞎** |
| In the event of a minor injury, I agree to give consent to the administration of first aid to the young person. | **🞎** |
| I give permission for the above named young person to participate in programme evaluation activities. These activities may include surveys and group discussions and will inform written reports/publications. This is to ensure a high quality service with positive impacts for young people. Participation is voluntary, data gathered is confidential and stored securely in line with General Data Protection Legislation (GDPR), 2017.  | **🞎** |
| I consent to the above named young person having their photograph taken or being filmed for the purpose of project publicity or reports to funders by Limerick Youth Service.  | **Yes 🞎 No 🞎** |

**\* All activities and programmes are risk assessed and all venues are preapproved by Limerick Youth Service. Appropriate supervision is provided.**

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT YOUNG PERSONS NAME:**  \_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE: \_\_\_\_\_\_**