

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

For office use only

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

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

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| 1. **CONTACT DETAILS**
 |
| Name: |  |
| Contact Details : | Name:Address:Mobile No.: Email Address: |
| Emergency Contact Details: | Name:Address:Mobile No.: Email Address: |
| Emergency Contact Details, if different from above: |  |
| 1. **PROFILE**
 |
| Age Group: | 18-20 🞎 21-24 🞎  |
| Gender: | Male 🞎 Female 🞎 Other 🞎 Prefer not to say 🞎 |
| Nationality:If other, please state: | Irish 🞎 Other 🞎   |
| 1. **Education/Employment Status**
 |
| Are you currently attending:If in education, please provide school/institution name & a brief address: | Secondary School 🞎 Third Level 🞎Other including Leaving Certificate Applied (LCA) 🞎Not in Education (secondary, third level 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. **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 you should **not take** part in any physical activity or sport?**If YES, please give more detail:** | Yes 🞎 No 🞎 |
| **Please detail any medication** that you may be required to carry or self-administer:  |  |
| Do you suffer from anaphylactic shock? | Yes 🞎 No 🞎 |
| Please indicate if you have any special dietary requirements:  |  |
|  |

**Declaration**

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

**PRINTED NAME: DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consent Form**

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

|  |
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| **Name of Young Person:**  |
| I agree to participate in agreed weekly activities and/or programs and I accept that Limerick Youth Service has no responsibility for me outside of these agreed times\*. | **🞎** |
| I understand that I must abide by agreed rules and procedures and failure to do so could result in my 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  | **🞎** |
| I agree 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 having my photograph taken and/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.**

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**PRINT NAME:**  \_\_\_\_\_\_\_\_\_\_\_\_\_

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