



# The Paradise Zone Youth Centre

## Membership/Consent Form 2022

Date: / / 2022

\*\*\* Covid Security Measures in place until further notice \*\*\*

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| 01. PZ Workers are vaccinated & take regular tests | 07. Masks used where necessary ie. less than 1m    |
| 02. Track & Trace measures are used inc. NHS App   | 08. Indoor sessions must be pre-booked             |
| 03. Hand Sanitizer & Hand Washing facilities used  | 09. Groups will be small & consistent (Bubbles)    |
| 04. Thermometer available if needed                | 10. Snack/drinks-individual pre-wrapped portions   |
| 05. Club & equipment regularly cleaned             | 11. Coats/bags kept to minimum & separately stored |
| 06. Social distancing maintained where possible    | 12. Social distancing for pick ups/drop offs       |

\*\*\*Do not attend club if symptomatic or in recent contact with someone with Covid\*\*\*

I'd like to book a place at \_\_\_\_\_ Club on \_\_\_\_\_ (day of week) at \_\_\_ pm to \_\_\_ pm.

<b>Name of child /young person:</b>	<b>DOB:</b>	<b>Age:</b>
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<b>Home Address:</b>	<b>Postcode:</b>
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Is there any other information about the health & welfare of your child which we should be aware of? Like a disability or a condition like Asthma, Epilepsy, Diabetes or any dietary concerns, allergies or any special or additional needs?

**As the parent/guardian of the child/young person above, I understand that my child wants to be a member of The Paradise Zone Youth Centre & I give them permission to do so.**

<b>Parent/Guardian Name (Please print)</b>	<b>Parent/Guardian Signature or Type</b>
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<b>Email Address:</b>	<b>Phone Number:</b>
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**Emergency Contact Name (if we cannot contact guardian):**

**Emergency Contact Phone Numbers:**

**Please Note: This information will only be used for necessary contact and in the case of emergencies & will be treated in confidence according to the Data Protection Act 1998 & GDPR 2018**

The club may use photos or video taken of activities related to The Paradise Zone Youth Centre only for club use and with the child/young person's permission (Please circle or delete other)	Yes	No
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Can your child go home alone? (Please circle or delete other) If not we will expect them to be picked up or other arrangements made.	Yes	No
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Any other information we should know?

**I agree, as a member of The Paradise Youth Centre, to keep it a safe & fun club for everyone.**

<b>Child/Young Person's Name (Please print or type)</b>	<b>Child/YP's Signature (or type)</b>
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