

1-----MEMBERSHIP FORM-----9

-----ELEVATE/ J-CLUB-----

MEMBER DETAILS

Name: _____ Age: _____

Date of Birth: _____ Male: _____ Female: _____

School: _____ Year/Class: _____

Church (if applicable): _____

Address: _____

Email: _____ Mobile: _____

Parent/Guardian name 1: _____ Phone: _____

Parent/Guardian name 2: _____ Phone: _____

Emergency contact: _____ Phone: _____

Membership cost for September 2012 – June 2013 programme - €50 per child, €80 for two children - €30 for each subsequent sibling. Cash or Cheque accepted. Cheques to be made payable to: *Christ Church Rathgar Youth Club*.

MEDICAL DETAILS

Does your child have any medical conditions we need to be aware of? Yes / No

If yes, please give details of what, if any, action is needed: _____

Does your child have any allergies? If yes please list and include medication if necessary:

PHOTOGRAPHY/FILM

From time to time we take photographs/video of youth club activities.

We take the issue of child safety very seriously and this includes the images of our members. Our duty to our young members is paramount. For this reasons we have put the following guidelines into place.

We may use team photographs and action photographs on our website and in our youth rooms and to promote the successes of our Club.

Individual photographs will only be used with individual parental consent, prior to any inclusion on the website

I have read the above and consent to my child's photograph(s) being used.

Name of Child: _____

Name of Parent / Guardian: _____

Signature: _____

Date: _____