



**Blackburn with Darwen Borough Council
Young Peoples Services**

Registration/Consent Form

Name of Child/Young Person:				
Date of Birth:				
Gender:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Ethnicity:			Are you registered disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address (incl Postcode):				
Tel (Home):			Tel: (Mobile)	
Email Address:				
School/College:				
School Year Group:				

Contact Details in case of Emergency:

Name: (Parent/Guardian/Carer)	
Telephone Number:	
Relationship to Young Person:	

Medical Information:

Does s/he suffer from any pre-existing medical conditions (ie: Asthmatic, diabetic)?		Yes		No	
Detail of medical conditions.					
Does s/he suffer from any know allergies (ie: plasters, food allergies)?		Yes		No	
Detail of allergies.					
Doctor's Name & Tel No:					

Parental consent:

- I/we agree to him/her taking part in all activities.
- I/we agree to him/her being photographed for the Blackburn with Darwen website/
social media and publicity purposes.
- I/we give consent to emergency first aid if required.
- I/we agree to be contacted by Young People's Services.

Signature of parent/guardian..... Date

Please use box below for additional information you may wish to give:

The information you have given will be held in confidence and in compliance with the Data Protection Act 1998.

If you do not wish to receive further information regarding Young People's Services, please tick here.

