



SHREWSBURY TOWN COUNCIL

Livesey House, 7 St John's Hill, Shrewsbury, SY1 1JD

REGISTRATION 2024-25

| | | | |
|-------------------|--|--|--|
| YOUTH SESSION(S) | | | |
| Child Name: | | Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> | |
| School Attending: | | Year Group: | |
| | | Emergency contact number: | |

CONSENT FORM

To be completed by Parent/Guardian and returned at the next session to the Youth Centre or to Andy Hall, Shrewsbury Town Council, Livesey House, 7 St John's Hill, Shrewsbury. SY1 1JD

I give consent for my young person _____ (name) Date of Birth _____ to take part in normal activities organised by the above youth project. I am aware that young people will be allowed to leave the youth club site once signed out of a session, and Young Shrewsbury will not be responsible for keeping young people in the building unless specifically requested. We operate a behaviour policy whereby if poor behaviour is serious young people may be asked to leave the club.

I have read and understand the Shrewsbury Town Council's Privacy Policy (Youth) at www.shrewsburytowncouncil.gov.uk and agree by signing below that the Council may process and retain personal details for the purpose of maintaining attendance registers in compliance with the current EU General Data Protection Regulations 2018 (2016/679).

I consent to first aid being given to my son/daughter by a qualified first aider should it be required. I also consent to any further medical treatment (including the administration of anaesthetics or carrying out surgical operations) be given by a qualified practitioner should an emergency arise at a time when my consent to the particular treatment cannot otherwise reasonably be obtained.

I understand that it is my responsibility to notify the Youth Club Leader or Shrewsbury Town Council with any changes to the address and telephone numbers given below.

Please give details of any disability, additional needs, medical condition or medication being taken below:

 Name of Parent/Guardian _____
 Address _____ Postcode _____
 Mobile / Home Tel No. _____ Email address _____
 Emergency Contact Name _____ Emergency Contact Tel _____
 Signature of Parent/Guardian _____ Date _____

NB You are reminded that Personal Accident Insurance and Insurance to cover loss or damage to personal property is your responsibility and will not be provided by the organisers.

Photograph Consent Form

We would like to take photographs/make videos of your son/daughter but to comply with the EU General Data Protection Regulations 2018 (2016/679), we need your permission to do so. Any photographs/videos may be used in our promotional material for example printed publications, web pages or social media. It may also be used by local, regional or national media for newspapers or online.

Please note that websites can be viewed throughout the world, not just in the United Kingdom where UK law applies. They may be kept in our archives and used in the future, in ways which cannot be specified at present. We will retain images indefinitely and possibly reuse them.

NB: Many young people own and use a personal smart device. Young Shrewsbury cannot be held responsible for any images taken and uploaded to social media by member's friends and peers.

Signature of Parent/Guardian _____ Date _____





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Ethnic origin (please X)

| | | | | | |
|-----------------------------|--------------------------|-------------------------------|--------------------------|--------------------------------------|--------------------------|
| White | | Mixed | | Asian or British Asian | |
| English | <input type="checkbox"/> | White & Black Caribbean | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Scottish | <input type="checkbox"/> | White & Black African | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Welsh | <input type="checkbox"/> | White & Asian | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Other White British | <input type="checkbox"/> | Any other mixed background | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | | | | |
| Traveller of Irish Heritage | <input type="checkbox"/> | Black or Black British | | Chinese or other ethnic group | |
| Gypsy/Roma | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Other White | <input type="checkbox"/> | African | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| | | Any other black background | <input type="checkbox"/> | I would prefer not to say | <input type="checkbox"/> |