

# MEMBERSHIP FORM

Added to membership database?  
Further action required?

The information requested be for the safety and wellbeing of the participants, please answer all questions truthfully and accurately as possible. Please inform New Avenues Youth Project, in writing, if any changes occur to any of the information given. Sections in red **MUST** be filled in.

## PARTICIPANT DETAILS (Please Complete in BLOCK CAPITAL letters)

Name			
Address			
Postcode			
Telephone number(s)	t:	m:	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth	/ /	Age:	
Are you in:	<input type="checkbox"/> Full / Part Time Education	<input type="checkbox"/> Employment	<input type="checkbox"/> Training <input type="checkbox"/> None
School / College attending			
What religion are you?			
What is your first language?			

## ETHNICITY

What is your ethnic group? Choose one from the following sections and ✓ tick the appropriate box. Categories provided by the Home Office & CRE

<b>White</b>	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other	<b>Chinese</b>	<input type="checkbox"/> Chinese
<b>Mixed</b>	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other	<b>Asian or British Asian</b>	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other
<b>Black or Black British</b>	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other	<b>Other Ethnic Group</b>	Please State: _____

## GENERAL INFORMATION (Please tick ✓)

How do you get to the project?	<input type="checkbox"/> Car / Moped	<input type="checkbox"/> Bus / Train / Tube	<input type="checkbox"/> Cycle	<input type="checkbox"/> Walk
Do you attend any another Youth Clubs / Projects / Organisations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If YES then please give the details :)		
What are your Hobbies and Interests?				
What kind of projects would you like to take part in at the Avenues?				

## MEDICAL INFORMATION

We do not exclude because of medical needs. However it is essential that we have full details in order to offer the best standards of care

Do you have? (Please tick ✓)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Condition
Are you currently being prescribed any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If YES please state details. i.e: times to be taken, dose etc )		
Have you had a tetanus injection in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If YES then please give date:)		
Any other medical information, dietary needs or food allergies:				

## GP CONTACT DETAILS

GP's Name	
Address	

**DISABILITY**

<b>Do you consider yourself to have a disability?</b> <i>(Please tick ✓)</i>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
<b>If yes, what is the nature of your disability?</b>	
<i>(eg: Visual Impairment, Physical Disability, Multiple Disability, Hearing Impairment, Learning Disability or Other)</i>	

<b>Occasionally the Avenues Youth Project may use images of our club members on our website or club promotional material.</b>	<b>Occasionally we may take our members off site to visit local recreational centres, parks and other locations.</b>
<input type="checkbox"/> Yes I agree	<input type="checkbox"/> Yes I give my consent
<input type="checkbox"/> No please do not use my child's image	<input type="checkbox"/> No please contact me when the club takes my son/daughter out

**EMERGENCY DETAILS**

*In case of an emergency during the activity, please could you write down two contact names, addresses and telephone numbers?*

	<b>Contact 1</b>	<b>Contact 2</b>
<b>Name:</b>		
<b>Address:</b>		
<b>Telephone - Home</b>		
<b>Telephone - Work</b>		
<b>Telephone - Mobile</b>		

**RULES OF MEMBERSHIP***The 6 Do's*

1. DO treat staff, members and the building with RESPECT.
2. DO have fun, and be safe
3. DO enjoy and achieve
4. DO put forward your ideas and suggestions
5. DO get involved in projects and activities
6. DO make a positive contribution to the youth club and the local community

*The 10 Don'ts*

1. NO smoking in, at the front of or around the building
2. NO selling or taking of illegal substances
3. NO verbal or physical violence to members, visitors or staff
4. NO entry under the influence of drugs or alcohol
5. NO weapons of any kind
6. NO name calling or cursing of members of families
7. NO sexist, racist or homophobic remarks or comments
8. NO negative remarks concerning physical disabilities
9. NO negative remarks of anyone's religion
10. NO bullying, spitting, play fighting or vandalism of equipment or Property including setting off fire extinguishers.

*I confirm that I have read and understood the rules of membership and I agree with the rules above and will abide by any decision made by the project. I also understand that the Avenues run a **3 strikes and you're out** policy for level 1 & 2 offences. If you would like a copy of our banning policy, please ask the worker in charge.*

Members Name: \_\_\_\_\_

Members Signature: \_\_\_\_\_

This form has been checked by:

**Staff Members Signature:** \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_