

Mid Argyll Youth Development Services

50a Union Street

Lochgilphead

Argyll

PA31 8JS

Phone: 01546603231

Providing Information and Accessible Youth Friendly Services

Mid Argyll Youth Development Services

 Registered Charity: SC022931

**MEMBERSHIP FORM**

**So that the youth group can provide a wide range of opportunities that reflects the membership. Please list some of the activities that you are interested in:**

**In order to keep a record of the members of the youth group, we would be grateful if you could complete and return this form. A copy will be retained confidentially on file in accordance with MAYDS GDPR policy, a copy of which can be accessed on our website and in the office .**

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| **NAME:** |
| **DATE OF BIRTH:** |
| **ADDRESS:** **POST CODE: Ph.No.**  |
| **PARENT/GUARDIAN NAME & CONTACT DETAILS (if different than above)** |

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| **Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs etc):**  |

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| **Has your son / daughter received a tetanus injection in the last 5 years?****Please state date of last tetanus injection (if known):**  |

**Details of additional contact in case of emergency (please state relationship e.g. aunt, grandparents or family friend).**

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| --- |
| **NAME:** |
| **ADDRESS:** **POST CODE:** |
| **TELEPHONE NO:** |
| **MOBILE NO:** |
| **RELATIONSHIP:**  |

**MEDICAL INFORMATION**

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| **NAME OF DOCTOR:** |
| **DOCTOR’S ADDRESS:****POSTCODE:** |

**Does your son / daughter have any conditions requiring special medical treatment, including medication? If YES, please give details below.**

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**Is your son / daughter allergic to any medication? If YES, please give details below.**

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**Does your son / daughter have any special dietary requirements? If YES, please give details.**

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**ADDITIONAL INFORMATION**

**Can your child swim at least 25meters?**

**I give permission for leaders to seek professional medical help for my child in case of an emergency.**

**I undertake to inform the co-ordinator/ group leaders as soon as possible of any changes in the medical circumstances.**

**Signature of Parent / Guardian:**

**Date:**

**Data Protection :**

The information you provide in this form will be used solely for dealing with your child/children as a member of The Mid Argyll Youth Development Services (MAYDS).

MAYDS has a Data Privacy Policy which can be found on our webpage and in the main office. Your data will be stored and used in accordance with this Policy.

MAYDS may arrange for photographs or videos to be taken of MAYDS activities and published on our website, annual review &/or social media channels to promote MAYDS.

PARENTAL/GUARDIAN/AGENCY CONSENT (for children under 18)

If you consent to the use of your child’s image being used for the purposes above please tick here.

If you/ the individuals listed above later wish to withdraw consent, please contact MAYDS main office on 01546 603231.

By agreeing to your images being used, you agree to assign any copyright or any other right of ownership of these images to MAYDS.

**Signature**…………………………………………………………….**Date**……………………………

If you have any queries, questions or comments on the information above please contact MAYDS main office



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