

**SHOTLEY YOUTH & COMMUNITY PROJECT
YOUTH GROUP REGISTRATION FORM**

NAME:	
DATE OF BIRTH:	
ADDRESS:	
HOME TELEPHONE NUMBER:	
NAME OF PARENT/CARER:	
EMERGENCY NAME AND CONTACT (NUMBER(S)):	
DOES YOUR CHILD HAVE ANY MEDICAL NEEDS? YES/NO	Please give details
DOES YOUR CHILD HAVE ANY SPECIAL DIETARY NEEDS? YES/NO	Please give details
NAME/TELEPHONE NUMBER OF DOCTOR:	

Signed Parent /Guardian: _____

Signed Young Person: _____

Date:_____