

CLUB NAME:	
Young Person's <b>Name</b> :	
Young Person's <b>Address</b> :	_____ (postcode) _____
Young Person's <b>D.O.B</b> :	/ /      AGE: ( )
Young Person's <b>Gender</b> :	{ <i>please circle one</i> } Male / Female
Any illness, disability, medical, allergies or dietary needs. <b>Condition</b> :	{No} - {Yes} <i>If Yes, please give details:</i> _____

<b>Media Capturing Consent</b> <i>We may use images/recording equipment for promotion online &amp; SOCIAL MEDIA usage.</i>	I sign to give consent to the use of photo/video within the project. _____ <i>Signature of parent/carer if under 18 years old</i>
<b>Employment / Education</b>	Full Time - Part Time - Unemployed - Uni - School (School Name) _____
Ethnicity <i>(Please Tick)</i>	White{ } Black{ } Dual Heritage{ } Indian{ } Chinese{ } Pakistan{ } Other { } ]

<b>Marketing</b> I would like to be updated of future project events. Please contact me on:	Email:	
	Text:	
	Facebook	Fb.com/
	Twitter	@

### Emergency Contact Information

Young Person's <b>Next of Kin:</b> <i>(Contact Detail)</i>	Name:	
	Contact No:	
	Relationship:	

Information held on file is confidential and will not be passed onto other agencies without your permission in accordance with the Data Protection Act (1998) GDPR (2018)

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

Date:            /        /

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