



Youth Membership Registration Form 2018

Full Name			
D.O.B. & Age			
Address			
Contact No & Person			
Date			

	Name and address	Phone Number	Relationship to Child
Emergency Contact (someone who will be available in the event of an emergency)			

Medical or behavioural Information (e.g. allergies, medication etc.)	
--	--

The Information on this form will be treated as strictly confidential and only shared with members of the SiMY staff team, and other professional persons such as doctors, as appropriate for the wellbeing and safety of the young person.

Parent Signature		Date	
-------------------------	--	-------------	--