



**PILTON YOUTH & CHILDRENS PROJECT**  
**CONSENT AND REGISTRATION FORM - 2011/2012**

THE GREENHOUSE, 13 WEST PILTON PLACE, EDINBURGH, EH4 4DG  
 TEL: 0131 332 9815 EMAIL: INFO@PYCP.CO.UK WEB: WWW.PYCP.CO.UK

Dear Parent/Guardian

Every year we require you to complete a new consent and registration form. Please read the form carefully and complete all sections before signing it if you agree to your child taking part in PYCP activities.

If the form is not completed your child may not be allowed to attend the activities. If you need any help to fill in the form then we are more than happy to help you. Please return to us as soon as possible.

Thank you

<b><u>Child/Young Person's Name</u></b>		<b><u>Date of Birth</u></b>	
<b><u>Address including postcode</u></b>			
<b><u>Best Contact Numbers</u></b> <b><u>(usually mobile &amp; home no's)</u></b>		<b><u>Email Address</u></b>  .....@.....  <input type="checkbox"/> Parent/Guardian's Email Address or <input type="checkbox"/> Child/Young Person's Email Address?	
		<b><u>Male/</u></b> <b><u>Female</u></b>	
<b><u>Which part of the community do you live:</u></b>  <input type="checkbox"/> West Pilton <input type="checkbox"/> Muirhouse <input type="checkbox"/> West Granton <input type="checkbox"/> Royston <input type="checkbox"/> Wardieburn <input type="checkbox"/> Drylaw <input type="checkbox"/> Other		<b><u>Ethnicity:</u></b>  <input type="checkbox"/> White British <input type="checkbox"/> White Scottish <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Gypsy Traveller <input type="checkbox"/> No Comment <input type="checkbox"/> Other	
<b><u>Name of School attending:</u></b>		<b><u>School Year eg. P1, P2, S2 etc</u></b>  <b><u>NOTE: Put the year you are in starting in August 2011</u></b>	
<b><u>Name of your Doctor's surgery:</u></b>		<b><u>Give details of any medical or other conditions that may affect your child. Eg Asthma, Epilepsy, Diabetes etc. If none, write NONE:</u></b>	
<b><u>List any medication taken:</u></b>		<b><u>Does your child have any special dietary requirements:</u></b>	
<b><u>Does your child have any allergies? If so, please give details:</u></b>		<b><u>Are we allowed to administer first aid sticking plasters on your child?</u></b>  <b><u>YES/NO</u></b>	

OFFICE USE ONLY - O12's/U12's Clubs attending:

**In the event of an emergency please give us the name of someone we can contact if you are not available:**

*Please give their name, relationship to you and best contact number*

**Can your child swim?**

No [ ] Yes [ ] Not very well [ ]

**Please tell us if your child is to be collected from the project otherwise we will assume they can leave on their own. Please tell us who will be collecting them:**

**Do you give permission for digital photography/videoing of your child to be used for project publicity, PYCP's website and other promotion material?**

YES / NO

**Is there any additional information about your child you think we should know, please include here or on a separate sheet.**

*For example Learning Difficulties, Phobias etc.*

**If you, as a parent, could benefit from further information regarding any of these areas mentioned below please tick any of the boxes**

- Employment Support     Parents Group     Health & Fitness     Volunteering  
 Becoming a member of the Board of Directors     Other - please state

**Are you happy for us to send you information by email .....@.....**

Activities: PYCP offers a range of indoor and outdoor activities under staff supervision. However most activities carry some degree of risk For some activities an additional consent form will be required eg. Residential trips.

Education: Through our clubs, groups and individual support we aim to offer children and young people informal education opportunities, so that they are better informed about important issues such as their rights, drugs, HIV/AIDS, discrimination including racism and sexism, disability ,sexuality, relationship and health. PYCP staff and volunteers

operate according to agreed principles when dealing with such issues, and in ways that are appropriate for the age of the child or young person. Please contact the project if you would like more information.

I give permission for .....to take part in the above activities with PYCP and give staff my permission to authorise medical treatment including blood transfusion on my behalf in the event of me being unable to be contacted in an emergency. I also undertake to advise PYCP of any changes to the information on this form immediately.

Name : ..... Relationship to Child/Young Person: .....

Signed : ..... Dated: .....

*If you are 16 or over you can self certify your own consent but we must have PHOTO ID to confirm your age*