







Carlisle Youth Zone Membership Application Form

Please complete all sections below –
clearly and in CAPITAL letters.

If the Young Person is under 16 years old this
form must be signed by a parent/guardian

Victoria Place, Carlisle, Cumbria, CA1 1LR
e/ info@carlisle-youthzone.org
w/ www.carlisle-youthzone.org

Young Person Details 			
First Name:	Middle Names:		
Surname:	Preferred Name (nickname):		
Date of Birth:	Age:	Male  <input type="checkbox"/>	Female  <input type="checkbox"/>
Full Address:			
Postcode:	Mobile Phone Number:		
Email Address:			
School / College / Employer:			

Emergency Contact Details 	
Parent / Guardian Full name:	
Address (if different from above):	
Emergency Contact Number:	Email Address:
If there is someone else we can contact in case of emergency please put their details as well as the relationship here:	

How will you get to Carlisle Youth Zone? Car Bus Car Share Cycle Private Bus Taxi
Train Walk Other Please specify

How did you find out about Carlisle Youth Zone? CYZ visit to your school CYZ visit to your youth club Noticed the building Newspaper article
Leaflet Other Please specify

Medical Information

No young person at Carlisle Youth Zone will receive medication from Carlisle Youth Zone Staff without written parental consent. Further details are available in the Carlisle Youth Zone Health and Safety Policy.

Do you consider yourself to have a disability? Yes No

Are you registered disabled? Yes No

If you have answered 'Yes' to either of the above questions, please provide us with more information here:

Are there any medical conditions Carlisle Youth Zone should be aware of (e.g. asthma, diabetes, allergies etc)? Please provide us with further information here:

Equality Information

Ethnic Background. Asian Black Chinese Mixed White

Do Not Wish To Say Other Please specify

Religious Beliefs. Do you have religious beliefs? Yes No Do Not Wish To Say

Please state what your belief is

First Language. Please state which language you speak on a day to day basis:

Parent/Guardian Signature (if Young Person is under 16):

I agree to the above named person being a member of Carlisle Youth Zone and participating in Youth Zone activities. I acknowledge the need for the Young Person to behave responsibly at all times whilst at the Youth Zone.

By ticking this box I acknowledge the above named Young People may be photographed or filmed at CYZ and that the images or video may be used for promotional materials for Carlisle Youth Zone.

Signature here 

Member Signature

I wish to become a member of the Carlisle Youth Zone: Junior Club Senior Club

By ticking this box I understand I may be photographed or filmed at CYZ and that the images or video may be used for promotional material for Carlisle Youth Zone.

Signature here 

Data Protection Act 1988. The information provided in this form is confidential and Carlisle Youth Zone will use it only to facilitate the scheme(s) on which you are registered.

FOR ADMIN USE ONLY

Date form received:

Junior Club Member

Senior Club Member

Date YP entered to IYSS:

Membership amount paid if not paid in full:

£5 Membership paid in full?

Date Membership Card Produced:

Membership Number: