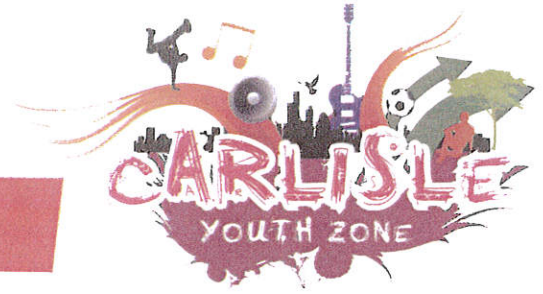


# Carlisle Youth Zone



## Membership Application Form

Please complete all the details on this form. If you are under 16, it must be signed by a parent/guardian. The information provided on this form is confidential and will be processed in accordance with the Data Protection Act 1998. We will use your contact details to keep you up-to-date with relevant information about your membership and activities at The Carlisle Youth Zone. We will do this by email, phone, post and occasionally text message.

T: 01228 516280

E: [info@carlisle-youthzone.org](mailto:info@carlisle-youthzone.org)

[www.carlisle-youthzone.org](http://www.carlisle-youthzone.org)

Victoria Place, Carlisle, Cumbria, CA1 1LR

### Members details

This application is for  a new membership  or a membership renewal

First Name(s):

Surname:

DOB:

Age:

Male

Female

Preferred Names (Nickname)

Full Address:

Home Phone No:

Postcode:

Mobile Phone No:

Email Address:

What school do you attend?

### Ethnic Background

White:  British  Irish  Other White background

Mixed:  White and Black Caribbean  White and Black African

White and Asian  Other mixed background

Asian/Asian British:  Indian  Pakistani  Bangladeshi

Other Asian background

Black/Black British:  Caribbean  African  Other Black background

Other:  Chinese  Other ethnic group

Don't know  Don't want to say

What's the member's religious belief, if any?

What's the member's first language, that they speak day-to-day?

## Medical Information

Please provide us with as much information as possible regarding the member's health. Please note a member of staff will contact you if they feel further information is required.

Do you have any of the following conditions?

Asthma

Dyspraxia

Allergies

Epilepsy

Autism

Learning difficulties

Behavioural, social and emotional difficulties (e.g. ADHD)

Mental health difficulties (e.g. depression, anxiety)

Diabetes

Sight or hearing impairment

Downs syndrome

Speech or language delay

If you have ticked yes to any of the above boxes, or if the member has any other medical condition you feel we should be aware of, please tell us more information in the box below:

Does the member have any past/current physical injuries or prescribed medicines you feel we should be aware of?

Are you registered disabled?

## Parent Consent Form for the use of the Gym

The purpose of the gym is to provide safe and individualised exercise to improve health and fitness. Exercise may include cardiovascular and aerobic activities, but the resistance exercises are only for young people aged 16+.

1. Do you allow your son/daughter to become a member of the gym?

(Please Circle) Yes / No

### Member's Emergency Contact

### Contact 1

### Contact 2

Emergency contact's name:

Relationship to member:

Address:

Postcode:

Landline:

Mobile:

Help us turn your £5 membership into £6.25 by just ticking the box below which shows you have paid your membership and agree to the statement below.

I enclosed a minimum donation of £5 for the annual membership of Carlisle Youth Zone.

I would like to gift aid this donation.

I am a UK tax payer and would like Carlisle Youth Zone to treat all donations I make or have made in the last four years as Gift Aid donations until further notice. I confirm I have or will pay an amount of Income tax year (6 April to 5 April) and/or Capital Gains tax for each year that is at least equal to or higher than the tax claimed by all Charities and CASCs from HM Revenue and Customs on my donation(s). I also understand that Council tax and VAT do not qualify. I understand that the charity will reclaim 25p of tax on every £1 that I have given.

## Member's Agreement

- I have read, understood and completed this application form to the best of my ability and any questions I had have been answered to my full satisfaction.
- I agree to inform Carlisle Youth Zone if my details or health change.
- I agree to take full responsibility for my health and safety when participating in physical activities and sports provided by Carlisle Youth Zone. I understand that I participate in physical activity at my own risk. Carlisle Youth Zone will not be held liable for any bodily injury caused to individuals participating in physical activity.
- I agree to respect and follow Carlisle Youth Zone's Behaviour Policy.
- You may be photographed or filmed while taking part in activities at or away from Carlisle Youth Zone. These images may be used for promotional/reporting purposes to show others what we do. Please tick this box if you do not want your image to be used in this way.

Signed

Date

## Parent/Guardian Agreement (if the member is under 16)

- I agree to the above and that the named young person can be a member of Carlisle Youth Zone and take part in all activities at or away from the building.
- Please provide your email address if you would like to be kept up-to-date with information about timetables, holiday clubs, special offers and new activities.

Email

Signed

Date

## For Admin Use Only - Leave Blank

Date Paid:

Club:

Membership No:

Gift Aid Recorded: