

For Office Use	CH	C YP	B	C YP	S P	C YP	No. Reg Date	Fee Paid	
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Membership Form for Children and Young People April 2019 to March 2020

Child / Young Person's First Name		Male	Female
Child / Young Person's Last Name			
Date of birth			
Parent / Carer 1 Ms / Mrs / Mr	First Name:	Parent / Carer 2 Ms / Mrs / Mr	First Name:
	Last Name:		Last Name:
	Home Contact:		Home Contact:
	Mobile Contact:		Mobile Contact:
I agree to Fairplay holding my contact information in case of emergency (Signed)		I agree to Fairplay holding my contact information in case of emergency (Signed)	
Address		Ethnic origin e.g. White British / Asian / Black African etc	
Postcode		Religion (optional)	
Email			
Siblings (please give details of all siblings)			
	First Name	Last Name	Date of Birth
1			Male / Female
2			Male / Female
3			Male / Female
4			Male / Female
What are the particular additional needs / disabilities of your child / young person? (eg Autism, ADHD, learning disabilities)			
Method of communication? eg speech, Makaton			
Does your child / young person have any medical problems? (eg Asthma, Hay Fever etc)			
What are your child / young person's likes / dislikes? (eg painting, sticking, etc)			
<i>Likes</i>		<i>Dislikes</i>	

Please complete both sides and return to Fairplay, Alexandra Road West, Chesterfield S40 1NP
Membership is £12 pro rata per family per year. Cheques should be made payable to Fairplay.

Does your child/young person have any fears or anxieties, and if so, how do you as a parent/carer manage this?		
Please list any relevant information with regards to feeding, dressing, toileting, mobility etc.		
Please list any regular medication your child is taking, even when not attending Fairplay.		
Does your child / young person have any allergies to food, drink, nuts or any medication? e.g. painkillers?		
Food preferences (eg vegetarian, special diet)		
Name of child / young person's Nursery / School / College		
Is your child / young person up to date with immunisations, including Tetanus?		
Please give two alternative contact numbers in case of emergency		
1	Name	Contact tel no 1
	Relationship to child / young person	Contact tel no 2
	I agree to Fairplay holding my contact information in case of emergency	(Signed)
2	Name	Contact tel no 1
	Relationship to child / young person	Contact tel no 2
	I agree to Fairplay holding my contact information in case of emergency	(Signed)
GP name	Surgery tel no	
Surgery address		
It is important that you give full and accurate information on this form in case of emergency.		
Fairplay would like to keep you updated about the work and support we are giving. By ticking each box you are giving Fairplay permission to send you information about news, fundraising opportunities, events and information about volunteering	<input type="checkbox"/> Email	<input type="checkbox"/> Post
	<input type="checkbox"/> Phone	<input type="checkbox"/> SMS
I do / do not give permission for photographs to be taken and to be used on Social Media (delete as appropriate)	Sometimes photos are used for publicity purposes including on Fairplay's website as well as Facebook and Twitter.	
I do / do not give permission for details to be shared (delete as appropriate)	A strict code of confidentiality is adhered to at all times. However, from time to time we are required to provide information to funders. Also, we may need to share information with other professionals in order to provide appropriate services for your child.	
I do / do not give permission for any emergency medical advice or treatment to be obtained in the future (delete as appropriate)		
I have read and understood and agree to abide with Fairplay's terms and conditions attached.		
Signed Parent / Carer	Date	