# MEMBERSHIP FORM

## ALL ABOUT YOU

| | |
|---|---|
| First name (s) | |
| Last name | |
| Preferred name/nickname | |
| Date of Birth | |
| Male ☐ | Female ☐ |
| Address | |
| | |
| Postcode | |
| Home Phone | |
| Mobile | |
| E-mail | |

## EMERGENCY CONTACTS

| | |
|---|---|
| Name | |
| Relationship to you | |
| Address | |
| | |
| Postcode | |
| Phone number | |
| Mobile | |
| E-mail | |

| | |
|---|---|
| Name | |
| Relationship to you | |
| Address | |
| | |
| Postcode | |
| Phone number | |
| Mobile | |
| E-mail | |

| |
|---|
| **Do you have any medical conditions?**<br>E.g. Allergies/Mental health conditions |
| If yes please give details |

| **Do you consider yourself to have a disability or additional need?**<br>E.g. ADHD/learning difficulties |
|---|
| Yes ☐<br>If yes please provide details: |

| **Do you get any support from any other Agency/Service?** |
|---|
| If Yes, who? |

| How did you hear about us? |
|---|
| |

| How do you normally travel to the Hive? | | | |
|---|---|---|---|
| Walk | ☐ | Cycle | ☐ |
| Bus | ☐ | Car | ☐ |
| Outreach bus | ☐ | Train | ☐ |

## PARENT/GUARDIAN CONSENT

As the Parent/Guardian of the named young person I agree to them becoming a member and the below statements:

| | |
|---|---|
| That they can take part in the full range of activities on offer at The Hive, including indoor climbing, access the fitness suite, boxing alongside a range of sports and arts activities. | Yes ☐ |
| They will follow the behaviour and respect policy | Yes ☐ |
| The Hive staff and volunteers can give first aid and emergency medical treatment if required | Yes ☐ |
| To inform The Hive, of any changes to personal details, medical/additional needs information | Yes ☐<br>No ☐ |

| | |
|---|---|
| The member being filmed/ photographed while taking part in activities. These images may be used for promotional or reporting purposes. Can we use images of the member? | Yes ☐<br>No ☐ |

During sessions, it is the Hive's policy not to allow Junior members to leave without an appropriate adult collecting them.

If you would like to give permission for your young person to leave The Hive on their own please tick here: Always ☐ Never ☐ Sometimes (provide details to staff) ☐

I agree to all the above (must be filled in by an adult if under 16)

Signed: Date:

Information provided is confidential and will be processed in accordance with the Data Protection Act 1998. Information may be shared with partner organisations or the Onside Youth Zones network. Statistics may be shared with funders and partners for reporting purposes. Information will be shared with relevant agencies if there is need to protect or support a young person

**INTERNAL USE:**

Received date: M/ ship paid: Y / N SF input by: Date

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