



**: Guildford Youth Movement**

**www.guildforyouthmovement.co.uk**

## Registration

This section is to be completed by Group Leader	
<b>Name of Group</b>	Guildford Youth Movement (GYM)
<b>Name of Group Leader</b>	Aseel Gilbert (Youth Coordinator)
<b>Contact No</b>	01483 562 704
<b>Normal venue of meetings</b>	St Joseph's Church Hall
<b>Date(s) and times</b>	Fridays, 7 pm - 9.30 pm

This section is to be completed by Parent/Guardian	
<b>Name of Participant</b>	
<b>D.O.B</b>	
<b>Contact Tel No (Daytime)</b>	
<b>Contact Tel No (Evening)</b>	
<b>Additional contact for emergencies</b>	
<b>Relationship to participant</b>	
<b>Contact Tel No (Daytime)</b>	
<b>Contact Tel No (Evening)</b>	

## CONSENT

I give my permission for \_\_\_\_\_ to join GYM, and accept their rules and conditions as stated on the attached sheet and on the GYM website:

[www.guildforyouthmovement.com/policies.html](http://www.guildforyouthmovement.com/policies.html)

Name(s) of person(s) authorised to collect him/her from GYM. The authorised person must report to a youth leader before leaving with him/her.

\_\_\_\_\_

OR he/she may leave GYM unaccompanied.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

In the event that I cannot be contacted by ordinary means, I give my permission for \_\_\_\_\_ to receive any necessary medical treatment and authorise the group leader to sign any document required by the hospital authorities.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_