



Jersey Youth Service Registration Form

Please complete **ALL SECTIONS** of this form in **BLOCK CAPITALS**

Young Person's Name	First Name:		Surname:		
Date of Birth	day	month	year	Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Address and Contact Details	Address:				
	Parish:			Post Code:	
	Young Person's Contact Number/s:		Mobile :		Home :
Education & Employment Status	<input type="checkbox"/> At School		<input type="checkbox"/> At College		<input type="checkbox"/> Employed
	<input type="checkbox"/> Unemployed		<input type="checkbox"/> Doing Voluntary Work		<input type="checkbox"/> On A Training Course
	<input type="checkbox"/> Carer		<input type="checkbox"/> Prefer Not To Say		
	School/College Name (if applicable):				
Medical & Support Information	Any medical conditions or allergies? <input type="checkbox"/> NO <input type="checkbox"/> YES				
	If yes please describe:				
	Any special need or disability? <input type="checkbox"/> NO <input type="checkbox"/> YES				
	If yes please describe:				
Emergency Contact Details (adults who can be contacted during an emergency)	Contact 1		Contact 2		
	First & Surname:		First & Surname:		
	Mobile.....		Mobile.....		
	Home.....		Home.....		
Emergency Contact Relationship to young person	<input type="checkbox"/> Mother		<input type="checkbox"/> Father		<input type="checkbox"/> Mother
	<input type="checkbox"/> Guardian		<input type="checkbox"/> Carer		<input type="checkbox"/> Guardian
	<input type="checkbox"/> Grandmother		<input type="checkbox"/> Grandfather		<input type="checkbox"/> Grandmother
	<input type="checkbox"/> Sister		<input type="checkbox"/> Brother		<input type="checkbox"/> Sister
	<input type="checkbox"/> Other (please describe):		<input type="checkbox"/> Other (please describe):		<input type="checkbox"/> Other (please describe):

Required Declarations

- I/my child understand/s and agree/s to follow the current Youth Service Code of Behaviour and Confidentiality Statements
- I declare that the information on this form is correct. I understand and accept that it is my responsibility to inform the Youth Service of any changes to details contained on this form including any changes in medical conditions or disability status.

Either Young people in Year 7 and over can complete and sign the form themselves

Young Person Signed: Date:

Or Young people in Year 6 and under must have this form completed and signed by someone who has **parental responsibility*** for the young person concerned

I confirm that I have sole/joint **parental responsibility*** for the young person named on this form

First & Surname: Signed: Date:

***PARENTAL RESPONSIBILITY – For a child born in Jersey, you have Parental Responsibility if you are the child's mother / have a custody order or residence order for the child / have responsibility under an emergency protection order for the child / are a guardian of the child / have adopted the child / are the child's father and you were married to the child's mother when the child was born (in which case you will normally share responsibility with the mother) / are the child's father and you were not married to the child's mother when the child was born but have from the Court a residence order or a parental responsibility order or have entered into a parental responsibility agreement with the child's mother or have since married the child's mother.**



Jersey Youth Service Optional Consent Form

Out of Youth Project Activity/Visit Consent

I give consent for my child to participate with notice to being transported in a youth project minibus (when required) and taking part in lower risk activities – examples of which include :

- *Visits to places of interest (eg. Heritage sites)*
- *Visits to other youth projects*
- *Inter youth project sports events (eg. football, pool, netball)*
- *Venues to play sport, games, activities (eg. Bowling, quasar)*
- *Attending training and meetings @ other venues*
- *Spontaneous shopping trips (eg. supermarket)*
- *Eating out (eg. Take-aways, restaurants, cafes. coffeshops)*

Consent for any Higher-risk activity or residential on or off-island trip will require a separate consent form to be completed for each and every separate occasion

I confirm that I have sole/joint **parental responsibility*** for the young person named on this form

First & Surname: Signed: Date:

Use of images Consent

I give consent for photographs and video material of my child, named on this registration form, to be used in Youth Service/States of Jersey printed publications, promotional films, web and social media sites including any Jersey Evening Post, Channel Television or Radio interviews and features

I confirm that I have sole/joint **parental responsibility*** for the young person named on this form

First & Surname: Signed: Date:

The information collected on this form will be processed in accordance with the Data Protection (Jersey) Law 2005 and will be used for the purposes of education, administration and where appropriate, safeguarding