

Norwich and Norfolk Muslim Association- Youth Club registration form



Project for young people in Norfolk aged 11- 22years

Please note that the information on this form is for the use of the youth leaders at NNMA and is not available to any other individuals or groups. This means that we will not disclose your e-mail address, mobile number or any other details to another individual without your permission.

Details of Young Person

Name _____

Date of Birth ____/____/____

Address _____

Post Code _____

Sex: Male / Female (Circle Appropriate)

Email Address _____

Emergency Contact Details

In the event of an emergency relating to your son/daughter please provide information below which we can use to contact you.

Adult Name & relationship to young person _____

Contact telephone number 1, _____

Contact telephone number 2, _____

Medical Information/ food and other allergies

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness etc.) which we should be aware of?

Consent of adult who has parental responsibility

I agree to my son/daughter participating in youth club and the activities run by the team. I accept that in the event of my child's behaviour adversely affecting the safety of the activity, the organisers reserve the right to return my child home. I understand that photographs of the event may be taken by the organisers and shared on NNMA social media.

Name _____ Signature _____ Date ____/____/____