



Titchmarsh Youth Group  
Visitors Form

Name:..... Date of Birth:.....  
Address:..... Tel:.....  
..... Mobile:.....  
..... Male/ Female (delete one)

Details of Parent or Guardian: (Signature Below)

Name:..... Tel:.....  
Address:..... Alternative Tel:.....  
.....

Does your child suffer from any allergies or medical problems such as asthma, heart conditions, fits, hearing deficiency, fainting, blackouts, shortness of breath, headaches, diabetes, brittle bones? YES / NO (delete one)

If YES please explain here:.....  
.....

Is your child permanently on any medication? YES / NO (delete one)

If YES please state type, indication and dosage quantity and frequency:.....  
.....  
.....

Name and Address of child's Doctor:.....  
..... Tel:.....

In the event of injury or sudden illness I give permission for TYG supervisors to seek medical attention for this child (detailed above) should they deem it necessary:

Signed:.....  
Date:.....

All information on this form will remain in strict confidence and is only for the use of TYG supervisors, for the purpose of maintaining the safety of its visitors whilst at the youth group

- I understand that my son/daughter is to adhere to the club rules and any breaches will be dealt with in accordance to our Code of Conduct Breach of Rules document.
- I understand that my son/daughter must remain on the premises for the duration of the youth group session. Should they leave the youth group, they then become the responsibility of the parents. Young people must be advised by their parents of this rule. Leaders **cannot** forcibly retain young people on the premises.
- The fee for a non-member to attend Titchmarsh Youth Group is £3 per session to be paid at the door.

Signature ..... Date .....