



## YMCA NCS Sign Up Form

### About you

Name:			
Date of Birth:	Age:	Are you:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:			
Postcode:			
School / College / Project:			
Mobile Number:	Home number:		
Email address:			

### Ethnicity... Please tick one

White British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Traveller of Irish Heritage	<input type="checkbox"/>	Any other Asian Background	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Black African	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Any other Mixed Background	<input type="checkbox"/>	Any other ethnic ground	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Do not know	<input type="checkbox"/>

### Faith or religion

Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	None	<input type="checkbox"/>
Jew	<input type="checkbox"/>	Do not know	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Other	<input type="checkbox"/>

## Your emergency contacts

### Contact 1

Name:	
Relationship to you:	
Address:	
Postcode:	
Mobile Number:	Home number:
Email address:	

### Contact 2

Name:	
Relationship to you:	
Address:	
Postcode:	
Mobile Number:	Home number:
Email address:	

## Medical information

N.B This will not adversely affect you opportunity to take part in the programme.

Medical practice/Doctor's Name	
Telephone number:	
Address:	
Postcode:	

**Participation in the YMCA NCS programme involves physical activities and learning out in the local community. We need to be aware of any medical conditions which could limit your ability to participate in any of these activities or if you are currently taking any medication for any condition or illness.**

<b>Do you have, or have you suffered:</b>	<b>Y/N</b>	<b>Details</b>
Heart trouble/angina/high blood pressure		
Asthma, bronchitis, TB or other lung condition		
Diabetes		
Nervous illness/depression		
Allergies		
History of broken bones		
Stomach or digestive or abdominal problem		
Blood disorders		
Epilepsy, fainting, migraine or head injury		
Hearing impairment		
Visual impairment		
Bladder/urinary problems		

	<b>Y/N</b>
If female, do you know or suspect that you are pregnant?	
Are you suffering from, or are you a carrier of any infectious diseases or have you travelled to an area where you were exposed?	
Have you been treated by a doctor or in hospital within the last 2 years for anything other than minor complaints?	

### **Medications**

Please list all medications:

<b>Do you have any special dietary requirements that we should be aware of?</b>	
<b>Do you have significant behavioural issues we should be aware of?</b>	
<b>Do you have a support worker or involvement with any other agencies?</b>	
<b>Do you have any criminal convictions or a history of offending?</b>	

**YMCA NCS Rules**

1. **Respect and include others.**
2. **Respect others privacy and property, no going into others rooms.**
3. **Smoking is only permitted in designated places.**
4. **No alcohol or illegal drugs.**
5. **No sexual contact.**
6. **Follow all safety rules and the law.**
7. **Never leave site without a Team Leader or Team Leader Assistant.**

Should anybody be found not following the YMCA NCS rules action is likely to involve one or more of the following:

- Verbal Warning
- Behavioural Contract
- Removal from programme
- YMCA reserves the right to involve the Police at any stage of its investigation.

**Consent**

I declare that all medical and enrolment information on this form is true and that I have not withheld any relevant information. I undertake to immediately notify YMCA NCS Staff of any illness or injury suffered after the completion of this form. I understand and accept the above safety and acknowledgement of risk statement.

I understand that I will be financially responsible for any damage, repairs or replacements caused by my young person, excluding accidental damage. I will also be responsible for any costs, including travel costs, in the event of the young person being asked to leave the programme. I consent to my young person's bags being searched if deemed necessary by the programme staff.

**Personal belongings**

I understand that each young person on the YMCA NCS Programme remains responsible for their own property, clothing and valuables and that the YMCA shall not be held responsible for any loss, damage or destruction which occurs to any such property, clothing or valuables during the course of the programme.

**Medical statement**

In the event of an emergency and YMCA NCS Staff being unable to contact me, authorisation is given for YMCA staff to administer First Aid and/or transfer my young person to hospital should an emergency arise.

**Privacy Policy/Data Protection**

The YMCA is committed to protecting your privacy and complying with the Data Protection Act 1998. As a result of your application, we will collect personal information about you so we can provide you with our services and ensure your safety. Data will be held securely on computer and paper-based systems. Authorisation is given for personal data to be used by YMCA, the NCS Trust, Cabinet Office or any other third party directly or indirectly involved at any time in the delivery or promotion of, and with events connected with, the NCS Programme.

**Publicity and Media Statement**

I give permission for the National Council of YMCA's in England to use my young person for Fundraising or publicity purposes, including the use of images by one or more of the affiliated local associations in England and the rest of the UK. (Please tick as appropriate)

- You may use their real name or  Please change their name to protect their identity

**Consent**

In consenting for a participant who is under 18, I endorse the following statement: \*I consent to the above named person participating in the programme and consent to him/her taking part in all activities in line with the above permission statements.

**Parent/Guardian Signature .....**Name.....

**Relationship to participant.....**Date.....

**Participants Signature.....**Date.....