**Magnet Young Adult Centre**

**Youth Engagement Service**

***Self Care Sessions Programme***

**Registration Form**

**Personal Details**

|  |  |
| --- | --- |
| Name of Young Person: |  |
| Address: |  |
| Postcode: |  |
| Date of Birth: |  | Age | Year Group: |

**Contact Details**

|  |  |
| --- | --- |
| Parent(s)/Carer(s): |  |
| Contact Telephone Numbers: | Home | Mobile |

**Medical Conditions / Special Needs / Learning Support**

|  |  |
| --- | --- |
| Medical Conditions (including allergies, dietary requirements) |  |
| Special needs / Learning support |  |
| Medication |  |

**Photographs**

|  |  |  |
| --- | --- | --- |
| Do you consent to your son/daughter photograph been taken as part of the group and used for newspaper reports, social media and/or promotional materials? | Yes | No |
|  |  |

**Parental Consent**

|  |
| --- |
| I consent to my son/daughter taking part in the Youth Engagement Service – Self Care Sessions  |
| **Signed:** (Parent/Carer) |
| **Date:** |