

Membership: FREE !!!

(please note that all membership fees contribute towards insurance costs and to subsidise workshops/excursions)



For Office Only

Amount paid: _____

Date paid: _____

N.b costs should not deter young people joining Route 81.

If you have difficulty meeting this payment please contact the office to make alternative arrangements.

MEMBERSHIP APPLICATION FORM

Please enrol me as a member of the Route 81 Youth Project. As a member I agree to abide by the rules of the project.

Name: _____

Address: _____

Phone No: _____

Mobile No: _____

e-mail address: _____

Date of Birth: _____

Current school Year: _____

Next of Kin: _____

Rel'ship to Applicant: _____

Additional Contact in case of Emergency: _____

Details of any regular medication , medical conditions, allergies etc:

Doctor's Name, Address, Phone No: _____

Have you had a tetanus injection in the past 5 years: Yes / No

Under no circumstances are we able to give any medicines to a young person.

INHALERS SHOULD BE CLEARLY MARKED WITH THE OWNER'S NAME.

In an emergency and /or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic.

Yes / No (please delete as appropriate)

PHOTOGRAPH/FILMING CONSENT

As a measure of good practice, Route 81 requires the authorisation of a parent/guardian to permit photographs or filming of a young person to be taken whilst participating in the Route 81 programme of activities. Any photographs or filming taken will only be used to record and promote the work of Route 81 Youth Project.

Once permission is granted, this permission will stand unless Route 81 is notified in writing otherwise.

If you have any worries or concerns on this matter, please do not hesitate to contact the Route 81 Project Office.

I (parent/guardian) give permission for my child named on this membership form to be photographed or filmed whilst participating in the Route 81 Youth Project programme:

(please delete as appropriate) **yes/no**

I (parent/guardian) also give my permission for photographs/film to be used in the following media: Print (e.g. flyers, newspapers etc)

yes / no

Electronic (powerpoint etc): **yes / no**

Internet (website, bebo etc): **yes / no**

Indemnity Agreement

I (parent/guardian) of the child named on this membership form understand that Route 81 Youth Project ("Route 81") runs a drop-in facility for young people between the ages of 11 and 18 years old and that whilst every reasonable measure is and will be taken to ensure the safety and well-being of children and young people whilst on the Route 81 premises or taking part in any activity outwith and organised under the auspices of Route 81, neither the Route 81 Board of Directors, the Youth Workers nor any other workers, whether on a paid or voluntary basis, shall be held responsible for the safety or wellbeing of young people should they choose to leave the premises at any point during stated session times or in the course of any extra meetings or events which may from time to time be held within or outwith the premises for the purposes of the work or activities of Route 81.

MEMBERS AGED 16 OR OVER

Route 81 Youth Project understands that anyone aged 16 or over is legally allowed to sign membership/consent forms on their own behalf. However, Route 81 must comply with the Protection of Children (Scotland) Act 2003 which covers all young people up to the age of 18. Therefore we would ask that in this instance a parent/guardian sign this membership form and agree to the statement below.

I understand that now my child has reached their sixteenth birthday/or that when they reach their sixteenth birthday they are legally able to sign any forms or consent forms for activities/excursions on their own behalf without parental consent.

*****PLEASE COMPLETE FOR MEMBERSHIP TO BE VALID*****

I parent/guardian and named young person confirm that all details on this form are correct and agree with all of the statements and agreements.

Signature of Young Person _____ Date: _____

Name and Signature of Parent/ Guardian:

_____ (print)

Date: _____ (signature)

Route 81 Contact Details: Michelle MacDonald: 01436 811 100