Site name:	
Project name:	
Staff name(s):	

Young Person Details					
First Name:					
Last Name:					
DOB (dd/mm/yyyy)					
Age:					
Gender:					
Ethnicity:	A1 Indian / A2 Pakistani / A3 Bangladeshi / A4 Asian Other /				
Please circle					
appropriate	B1 Black African / B2 Black Caribbean / B3 Black Other /				
	C1 Chinese / M1 Mixed Race-Asian / M2 Mixed Race-Black /				
	M3 Mixed Race-European / O1 Other / V1 Vietnamese /				
	W1 White UK/Irish / W2 White European / Rather Not Say				
	Address*				
Address Line 1:					
Address Line 2:					
710.000 =					
Postcode:					
Home telephone:					
Mobile telephone:					
Email address:					
Emergency Contact *					
Name:					
Telephone number:					
Relationship:	A dalista wa Liufa t				
Additional Info*					
Any disabilities / medical conditions:					
Disability details:					
Disability details.					
Name of School					

## Statement of Consent

- I am aware these schemes are open access, and that the overall responsibility is with The parent/guardian. Children are free to choose when to come and go from the site.
- 2. I confirm the details of the participant are correct.
- I know of no medical reason why the participant named above should not take part in any of the activities on offer.
- 4. I understand during the scheme photographs and video footage may be taken and that images can be used for promotion, through out website and evaluation.

Signature(Parent/Guardian) Date
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Data Protection Act 1998: the information you provide to Organised Chaos (North) CIC is necessary project management, development and audit will for those purposes only.

Site name:	
Project name:	
Staff name(s):	

	Young Person Details
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	Address*
Address Line 1:	
Address Line 2:	
Postcode:	
Home telephone:	
Mobile telephone:	
Email address:	
	Emergency Contact *
Name:	
Telephone number:	
Relationship:	A 1 100 - 11 6 4
A 11 1- 11141 1	Additional Info*
Any disabilities / medical conditions:	
Disability details:	
Name of School	
*nlease fill all mandatory se	

<sup>\*</sup>please fill all mandatory sections

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Signature(F	Parent/Guardian	) Date
Olgitaturo(i	archiv Guardiani,	Date

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