

# YIPWORLD MEMBERSHIP APPLICATION FORM

## PERSONAL DETAILS:

Full Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

D.O.B: \_\_\_\_\_ AGE: \_\_\_\_\_ MALE / FEMALE (please circle)

## PARENT/CARERS DETAILS

Mr / Mrs / Miss / Ms (please circle)

Name: \_\_\_\_\_

Address: (if different from above)

\_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile No: \_\_\_\_\_

## CONTACT IN EMERGENCY – Different from Above

Relationship: Parent / Guardian / Spouse / Neighbour (please circle)

Mr / Mrs / Miss / Ms (please circle)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile No: \_\_\_\_\_

## HEALTH QUESTIONNAIRE

Are there any medical conditions or allergies that staff should be aware of while you are utilising yipworld services?

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**MEDIA CONSENT – I give/do not give permission for child to be photographed during participation in yipworld services. I understand their photo may be used for marketing purposes in media and online social media without personal information**