

# Tweeddale Youth Action Membership Form

Over 16s

<b>Name of young person:</b>	
<b>Date of Birth</b>	<b>Age</b>
<b>Home telephone</b>	
<b>Address</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Alternative Contact (for use in emergency)</b>	
Name:	Relationship:
Telephone - home:	
mobile:	
Address:	
<b>Medical Information</b>	
Doctors Name:	Telephone:
Address:	
Do you have any special requirements?	
<b>Health:</b>	
<b>Dietary:</b>	
<b>Others:</b>	
<b>Are you allergic to any medication? If yes please give details:</b>	
<b>Emergency treatment / medication</b>	

In the event of you having an accident which requires you to have emergency treatment, TYA will use their best judgement to contact the emergency services where appropriate. I hereby give my consent to any measure which the medical officer in charge considers essential.

Signature ..... Date.....

**Photographs**

I hereby give my consent to be photographed / videoed, and for these images to be used for educational and promotional purposes where appropriate.

Signature ..... Date .....

I have read and understand the rules of Tweeddale Youth Action

Signature ..... Date.....

From time to time young people at Tweeddale Youth Action have the opportunity to take part in different events, conferences and activities. We sometimes need help in getting young people to these events. If you would be prepared to help by driving groups to events from time to time, please sign here:

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