



Grapevine Membership Form 2011-12

We ask members to complete this form before they start Grapevine. This form should be given in on the first night that you join. This form and the annual fee help to ensure the member's safety and a commitment to the group.

Guidance to help complete the form

- Please answer all questions unless it tells you to miss some out.
- To answer 'Yes/No' questions, please circle the answer as shown in example below

Does your child want to come to Grapevine? (please circle)	Yes	No
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Checklist

Have you:

- Completed all relevant parts of this form;
- Read through 'Grapevine members info';
- Signed this form;
- Got the membership fee ready.

Section 1 – Member's details

1. Surname								5. Please provide a recent passport-sized photograph of your child (please stick to this box)
2. First Name								
3. Middle Name								
4. Date of Birth	D	D	M	M	Y	Y	Y	
6. Member's current address	a) House name/number							
	b) Street							
	c) Town/City							
	d) County							
7. Postcode								
8. Member's home Phone no.								
9. Member's mobile Phone no								
10. Member's e-mail address								

Section 2 – Emergency contacts

Emergency contact 1: Details of person(s) with parental responsibility. If there is more than one person with parental responsibility at this address, list all their names in Question 11.

11. Name(s)										
12. Relationship to member										
13. Address If YES to part a), go to Question 15. If NO to part a) go to part b).	a) Is this address the same as the child's in Section 2? (please circle)							Yes	No	
	b) House name/number									
	c) Street									
	d) Town/City									
	e) County									
14. Postcode										
15. Home telephone number										
16. Mobile telephone number										
17. Extra tele-phone number (if needed)										
18. E-mail address										
19. I would like to receive e-mail updates regarding news and arrangements for:										
a) Grapevine Youth Group (please circle)							Yes	No		
b) Nant Coch Church (please circle)							Yes	No		

Section 2 continues on the next page.

Section 2 – Emergency contacts (continued)

Emergency contact 2

Details of a second emergency contact who has your authority to act with parental responsibility. This must be a different person to emergency contact 1 and **also someone who lives at a different address to emergency contact 1**. This person will be used if the first contact is unavailable. Again if there is more than one person at this address that has your authority to act with parental responsibility, list them all in Question 20.

20. Name(s)										
21. Relationship										
22. Address	a) House name/number									
	b) Street									
	c) Town/City									
	d) County									
23. Postcode										
24. Home telephone number										
25. Mobile telephone number										
26. Extra phone number (if needed)										

Section 3 – Medical details

27. Name of Family Doctor										
28. Doctor's Surgery Address										
29. Postcode										
30. Doctor's Phone number										
31. Date of anti-tetanus injection	D	D	M	M	Y	Y	Y	Y		

Section 3 continues on the next page.

Section 3 – Medical details (continued)

32. Does your child have any medical conditions/allergies? (please circle)	Yes	No
If YES, go to Question 33, if NO go to Question 35		
33. Does your child have asthma? (please circle)	Yes	No
If YES, please complete Appendix A on page 6 and only answer Question 34 for non-asthma conditions and allergies; If NO go to Question 35		
34. Please provide details of medical conditions/allergies		
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35. Does your child take any non-asthma related medication? (please circle)	Yes	No
If YES, go to Question 36, if NO go to Question 37		
36. Please provide details of medication taken and whether the child will require it during Grapevine and how it is proposed for medication to be administered		
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Section 4 – Court orders

37. Are there any court orders against your child? (please circle)	Yes	No
If YES, go to Question 39, if NO go to Question 40		
38. Please provide details		
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Section 5 is on the next page.

Section 5 – Consent

I give permission for the child to take part in the normal activities of this group, including local trips out during normal hours. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church/organisation leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity. I give permission for Grapevine Youth Group to respond to e-mails and text messages received from the child.

39. If the child needs first aid and it is necessary, I give permission for a plaster to be used; ie: the child is not allergic to plasters (please circle)	Yes	No
40. I give my permission for this information to be stored on a PC for admin purposes (please circle)	Yes	No
41. I give permission for photographs of my child to be used for internal displays within the church building.	Yes	No
I give my permission for my child to receive updates by text message and/or e-mails regarding news and arrangements for:		
42. Grapevine Youth Group (please circle)	Yes	No
43. Nant Coch Church events (please circle)	Yes	No

- I confirm that the details provided on this form are accurate.
- I confirm that I have given the sheet titled 'Info for new Grapevine members' to the member and have explained anything that they do not understand.
- This consent is valid until **31/08/2012**.

I understand:

- My child will receive medication as instructed before or during the event
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident
- My child will be given medical/dental treatment as necessary.

44. Signed								
45. Print name of person signing above								
46. Relationship to member								
47. Date	D	D	M	M	Y	Y	Y	Y

Thank you, you have completed the main form.

Appendix A – Asthma

Only complete this section if you answered YES to Question 34.

A1. Does your child have asthma? (please circle)	Yes	No
If YES, please complete the rest of this appendix If NO you do not need to complete this section.		
A2. When was your child's last asthma attack?		
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A3. How often does your child suffer an asthma attack?		
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A4. What triggers your child's asthma?		
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A5. Does your child take any medication for their asthma? (please circle)	Yes	No
If YES, go to Question A6, if NO you have completed the appendix.		
A6. What medication do they take for their asthma?		
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A7. If they use an inhaler, do they keep it with them when at Grapevine?		
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Thank you, you have completed the appendix.