

## SECONDARY ANNUAL REGISTRATION

All information will be treated as confidential



1st Year	2nd Year	3rd Year	TY	5th Year	6th Year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openmix	Teen Group	Gaming	Music		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### Young Persons Details

Name			DOB	
Address				
Mobile			Email	

### Parent/Guardian Contact Details

	Mother	Father	Emergency Contact
Name			
Address			
Mobile			
Alternative no			

### Medical Information

Does your child have any allergies or food Intolerances?	
Does your child have any medical conditions /disabilities that you feel we should be aware of:	
<b>All GYNG staff are first aid trained; do you give permission for First Aid to be administered to your child should it be required?</b>	
Signed:	Relationship:

### Data Protection Permission

I give permission for my child to be photographed in normal weekly activities and the photographs/film to be used as part of the internal or external publicity of GYNG		
	Yes	No
I agree for the information above to be retained by GYNG in a safe secure manner		
	Yes	No
Signed:	Date:	

### Parent/Guardian Consent

I am willing that the above named child can take part in weekly afterschool activities and outings during the school year.			
Signed		Date	