 **C O N F I D E N T I A L I N F O R M A T I O N**

|  |  |
| --- | --- |
| Young Person’s Name: |  |
| Date of Birth: |  |
| Address:(Including postcode) |  |
| Project: | **Visits to The Plaza Cinema, Crosby Road, Waterloo** |
| Date: | **Fridays, 13th & 20th December – please check full details to be posted on Social Media** |
| Parent/Guardian Permission:Your Name:Your Signature: Relationship to young person: | I give permission for my child to participate in the above visits, accompanied during the films by The Youth Workers from The Mix Youth Café, Sue O’Connor and Mel James-Henry. I understand that staff or leaders in charge of the project/activities will take all reasonable care of participants but cannot necessarily be held responsible for any loss, damage or injury my child suffers as a result of the event. |
| Address:If different from child’s) |  |
| My Contact Telephone Numbers: | Home: Work:Mobile:  |
| Alternative Contact 1(Emergency Only) | Name: Telephone Number: |
| Alternative Contact 2(Emergency only) | Name: Telephone Number: |
|  | PLEASE PRINT NAMES AND NUMBERS CLEARLY. THANK YOU.  |
| **PLEASE DETAIL CURRENT MEDICAL INFORMATION, ALLERGIES OR ANYTHING WE SHOULD WE AWARE OF:** If your child has any dietary requirements, please specify: |
| Name and Address of Family Doctor:Doctor’s Telephone Number: |  |
| If my child becomes ill or has an accident that requires emergency treatment, I authorise all medical and surgical treatment, X-ray, laboratory, anaesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. *This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.*Your Name (PLEAE PRINT): Your Signature: Date: **ACCESS:** Is your child disabled? **YES NO**If ‘YES’, please detail any specific needs that need addressing in order for them to participate fully in the event i.e. wheelchair access, an interpreter or information in large print? |
| **HEALTH AND SAFETY**The Mix Youth Café aims to provide a safe, secure environment for all young people participating in its events. Risk assessments will be undertaken for all activities and all young people will be supervised during the event. During the visits to The Plaza, young people will not be accompanied to or from the venue, as detailed in the accompanying letter. Young people participating in this project are considered to be responsible for their own actions. By signing this form you accept that your child will abide by the rules and instructions given by the Youth Workers at this visit / event. |
| ADDITIONAL INFORMATIONThe Mix Youth Café occasionally takes open and general photos and videos of its members and activities for its social media sites and youth service publicity purposes. If you wish to opt out, please detail below:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (of person with parental responsibility) SIGNATURE OF PARENT / GUARDIAN:Date: |

THANK YOU FOR YOUR COOPERATION. THE COLLECTION OF THIS INFORMATION IS A LEGAL REQUIREMENT FOR ALL YOUNG PEOPLE UNDER THE AGE OF 18.

THE MIX CROSBY YOUTH CAFÉ CIC REG.11705981. @ The George Community Room.

Contact Kim Sweeney at: info@themixcrosby.com Follow us on: Instagram, Facebook & Twitter. [www.themixcrosby.com](http://www.themixcrosby.com)

Sue O’Connor BA (Hons) Youth & Community 07446421707. Mel James-Henry BA (Hons) Youth & Community 07446552188