



JusB MEMBERSHIP FORM 2021

PART A – To be completed by all members

Full name		Date of birth		Gender	M/F		
Address		Ethnicity					
		Postcode					
Home phone		Mobile					
School /college		NEE T*	YES/N O	In care	YES/N O	Care leaver	YES/N O
Eligible for free school meals	YES/NO/ YES, WHEN I WAS YOUNGER						

** Not in Education, Employment or Training*

PART B – To be completed by member or person with parental responsibility if member under 18

Emergency contact name		Relationship				
Home phone		Work/mobile				
Email						
Doctor's name		Phone number				
Address						
Any medical conditions of which the leader(s) should be aware?					YES /NO	
If yes, give details						
Does the participant take regular medication?					YES /NO	
Medication						
Dosage						

CONSENT DECLARATION(S)

1. I give permission for the above young person to become a member of JusB and to join in all the activities.
2. I give permission for the above young person to administer their own regular medication if applicable OR I agree that the leader(s), if willing, can administer medication on my behalf and will supply full instructions.
3. I consent to photographs and videos being taken during activities and used in JusB publicity including JusB's website, Facebook page and other social media used by JusB or their funders.
4. In case of illness or accident, I agree to any emergency treatment being given as considered necessary by the medical authorities in the event of unacceptable delay in obtaining my consent.
5. I understand that all items belonging to the young person are at all times their own responsibility and JusB will not accept responsibility for any such items lost, stolen or damaged while at the centre or on one of the external activities.
6. I consent to this data being held and used by JusB in accordance with their Data Protection Policy which is available on request.

Signature of parent/guardian (or member if over 18):

Name (block capitals):Date: