

Twinkle House HOLIDAY CLUB

MEMBERSHIP FORM

Member Name:

Main Contact Email Address:

Name of Main member Child/Young Person:		
Address and Postcode:		
Date of Birth:		Age:
Medical Condition:		
Parent/Carer Contact 1:	Name:	Mob:
Parent/Carer Contact 2:	Name:	Mob:
GP Contact:	Name:	Tel:
Special requirements:		
I consent to photographic images being taken*		

Name of Child/Young Person (sibling1)		
Date of Birth:		Age:
Address and Postcode:		
Medical Condition:		
Parent/Carer Contact 1:	Name:	Mob:
Parent/Carer Contact 2:	Name:	Mob:
GP Contact:	Name:	Tel:
Special requirements:		
I consent to photographic images being taken*		

Name of Child/Young Person (sibling2)		
Date of Birth:		Age:
Address and Postcode:		
Medical Condition:		
Parent/Carer Contact 1:	Name:	Mob:
Parent/Carer Contact 2:	Name:	Mob:
GP Contact:	Name:	Tel:
Special requirements:		
I consent to photographic images being taken*		

*Photographic or images may be taken on trips/outings/session activities using the dedicated Twinkle House camera and will only be used for the purposes of Twinkle House. On occasion we may also take video recordings. Images taken may be used in sessions, on display at our premises, on our website, in publicity materials such as brochures, newsletters and for the purpose of funding and fundraising. If you consent please sign next to each child/young person that you agree to be photographed.

