

# Membership Agreement

By signing up as a member you agree to provide the Youth Zone with certain personal information which we will process in accordance with all applicable data protection laws. **Please tick if agreed.**

- I agree that my sensitive personal information can be processed to provide me with services and carry out administration in relation to my membership;
- I agree that my sensitive personal information may be shared with OnSide Youth Zones, suppliers, funders and/or sponsors (as required for the purposes of the development, coordination and support of the Youth Zone network). The Youth Zone will ensure that third parties agree to keep this information confidential.
- I agree that the Youth Zone may communicate with the member and Parent / Guardian about membership;
- I agree that my image (in photos or videos) may be used for marketing and publicity purposes in printed publications, on social media, on the Youth Zone website or elsewhere

Signed

Date

This agreement may only be signed by the following people.  
Please tick who you are:

- The member (under 16)       The member (over 16)
- Parent       Carer       Legal Guardian.

Does the member have permission to leave the Youth Zone on their own? (under 13 yrs old)  
Yes       No

Parent / Guardian agreement for under 16s Please tick if agreed

- I agree to use of the member's information as declared;
- I consent to any emergency medical treatment necessary, and authorise staff to sign any written form of consent required by the hospital authorities if the delay in getting parent/guardian agreement is considered by the doctor to endanger the young person's health and safety;
- I would like to receive further information about opportunities to support the Youth Zone by email, phone, SMS, post or other means. You can change your mind at any time by contacting us.

The Youth Zone may ask for identification if they believe the member not to be the age or name stated on the application form. If identification cannot be produced then this may result in entry being refused. If a member declares to have a medical condition or allergy then it is necessary for The Youth Zone to risk assess the young person before admittance is allowed. These are for safeguarding and the health and safety of the young person attending.

For admin use only

Date joined

Membership number

# MANCHESTER YOUTH ZONE



## MEMBERSHIP APPLICATION

Manchester Youth Zone has an incredible range of activities for anyone aged 8–19 years old, or up to 25 for a young people with a disability or additional needs. Activities include sports, indoor rock climbing, dance, music, drama, art, cycling, cooking, residentials, mentoring and support into work.

Membership is £5 a year  
50p per session



@manchesteryouthzone



@manchesteryz



@manchesteryouthzone



manchester youth zone

#MYZmagic

Manchester Youth Zone 931 Rochdale Road Harpurhey Manchester M9 8AE

tel: 0161 203 5333 [www.manchesteryz.org](http://www.manchesteryz.org)

Registered charity number 1134580

## About the member.

First Name(s)
Last Name
Preferred Name/Nickname
Date of Birth      DAY / MONTH / YEAR -- --      /      -- --      /      -- -- --
Male or Female
Ethnicity

Address
Postcode

Home Phone Number
Mobile Phone Number
Email Address
School/College (Please name)
Last School (if over 16)

## Emergency contacts.

1st Person	
Address	
	Postcode
Relation to member	
Home Phone	
Mobile Phone	

2nd Person	
Address	
	Postcode
Relation to member	
Home Phone	
Mobile Phone	

## Additional Information

This information will be followed up by our Youth Team with you.

Does the member have a disability / additional need? For example ADHD, Autism, Asperger's, an impairment etc.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the member have a diagnosed medical condition? For example Asthma, Epilepsy, Diabetes, Severe allergies.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Admin notes	