



**For your own safety and in case of an emergency, we need some information and contact details from you. Please complete and return to The Door.**

### **Young Person's Details**

Name	
Date Of Birth	
Address	
	Postcode:

### **Details of Parent / Guardian**

Name	
Relationship to young person	
Address (if different)	
	Postcode:
Email Address	

### **Emergency Contact Details**

Home Phone	
Work Phone	
Mobile	

### **Health and Wellbeing**

If you have any allergies/dietary requirements, ongoing medical requirements, disabilities or impairments please provide details on the back of this sheet.

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I consent to The Door storing and processing my personal information for use in connection with my safety or the safety of others. I understand that it may also be used on anonymised basis for the purposes of monitoring and improving The Door's services.

I give my consent for photos and videos of me to be taken by The Door whilst I am participating in The Door's activities, and for The Door to use these photos/videos in their fundraising and publicity.

Please tick here to indicate that you agree with this photo consent:

Signed: \_\_\_\_\_ (Parent / Guardian if under 13 years)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

