

New Youth Club

I'm delighted to tell you that St John's is starting a new youth club on Friday evenings from Friday 6th Nov 2009. The club will run in the hall and Link behind St John's church in Windlesham. Doors will open at 7:30pm and the club will finish at 9pm. The club is open to young people aged 11-16 (school years 7-11).

There'll be a maximum number of people who can be registered for youth club after which we'll operate a waiting list. If you want to join you should email or phone Stefan (stefan@wvyp.org.uk / 07768 305060) beforehand to check there's room. Please also ask a parent/guardian to complete the attached registration form and bring it along with you.

Subs will be £6 for this half-term, so please bring a cheque payable to "Windlesham PCC" or cash. You might also want to bring some money for the tuck shop.

Please use the door at the end of the cloister by the hall (from the front of the church follow the path to the right of the church). It will be clearly marked and the other doors won't be open.

We want your input in running the club so over the next few weeks we'll be asking you about a name for the club and about what things you want to do next term. To help everyone make the most of the club and to keep things safe we have some rights and responsibilities:

You are responsible for:

- arriving at 7.30pm and waiting outside the door until it is opened
- for arranging to be collected at 9pm or obtaining written permission to make your own way home
- for returning the completed parental consent and medical information forms promptly
- paying half termly subscriptions amounting to £1 a week at the first session
- bringing money for the tuck shop (sorry, no credit)

You have the right to:

- have fun at youth club
- use the Hall, Olive room and cloister area.
- be treated equally and fairly by each other and by the leaders
- respect others and to expect respect from them
- show emotions, to talk openly and to receive confidentiality as long as it puts no-one in danger
- use the equipment provided so long as you don't cause wilful damage
- expect a "yellow card" warning for purposefully ignoring or disobeying your rights and responsibilities
- expect a "red card" for repeatedly refusing to adhere to the rights and responsibilities and this will result in a phone call to your home

At St John's we take safeguarding of children and young people seriously. We follow a child protection/safeguarding policy and recruit and check all leaders carefully.

Looking forward to seeing you at youth club

Stefan.

Registration Form: Friday night Youth Club

To be completed by parent or guardian

Young person's full name	
Date of Birth	
Mobile / home phone (please only give if you are happy that we contact the young person by phone)	
Email (please only give if you are happy that we contact the young person by email)	
Parent(s)/Guardian Address	
Telephone	
E-mail	
Emergency contact Name and telephone number	
Name, practice and telephone number of GP	
Date of last Tetanus	
<p>Whilst this young person is in our care it would be helpful for us to know whether he or she suffers from any allergies or phobias or is on medication that you think we should be aware of. If you would provide details of these or anything else you think is in the best interests of your child's health and safety, please provide details below.</p>	
<p>In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given. In an emergency if I cannot be contacted I am willing for this young person to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.</p> <p><i>NB The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. We have found, however, that medical staff find this type of general consent helpful.</i></p>	
This young person has my permission to travel to and from the group without me	Yes / No
Are you happy for us to use photos/video/audio including your child (without names) in promoting the group and our work?	Yes / No
Would you like to receive information about future activities that may be of interest?	Yes / No

I confirm that the above details are complete and correct to the best of my knowledge.

I agree to the named person attending and taking part in the above group.

Signed

Printed **Date**

Relationship to young person