

# Registration



**Adult Name:**

**Address:**

**Email:**

**Postcode:**

**Mobile Number:**

**Emergency Contact:**

**Relationship:**

**Mobile:**

Participant names	Date of birth	Gender	Medical conditions	Circle	Ethnicity	Religion
Parent/Adults Name:						
Child 1 Name:						
Child 2 Name:						
Child 3 Name:						

Please state whether you give consent for you and your child(ren) to be photographed while taking part in the Adventure Guides programme:

**Parent/Adults Signature:**

**Date:**

**YMCA Authorisation:**