



TOWNSEND CHILDREN'S PROJECT - CONSENT FORM

This consent form is designed so a parent/carer of each child of the YMCA Bournemouth - Townsend Children's Project, will only need to complete one form per year. This form covers all activities or trips that we may take, from April 2025 – August 2026.

(If your details change within this year, it is your responsibility to notify us.)

Programme & Activity Information

Dates of Activities:	Wednesday's	Location:	Townsend Youth Centre
Times:	4:00 – 5:00pm 6:00 – 8:00pm	Ages:	School Years 1-3 (5-8yrs) School Years 4-6 (8-11yrs)
Activities:	Sports, Team Games, Board Games, Card Games, Arts and Crafts, Cooking, Music, Social Space to meet and relax with friends and chat to our friendly team, Pool Table, Table Tennis		

Young Persons Details

Full Name:			
Home Address:			
Post Code:			
Contact Phone Number:			
Email Address:			
Allergies:			
Medical Needs:			
SEND Needs: (Special Educational Needs)			
School:			
Date of Birth:	Age:	Gender:	

1st Emergency Contact

Full Name:	
Home Address:	
Post Code:	
Phone Number:	
Email Address:	
Relationship to Young Person:	



**Here for young people
Here for communities
Here for you**

YMCA enables people to develop their full potential in mind, body and spirit. Inspired by, and faithful to, our Christian values, we create supportive, inclusive and energising communities, where young people can truly belong, contribute and thrive.



If your first emergency contact is not available, who would you like us to contact?

2nd Emergency Contact

Full Name:	
Home Address:	
Post Code:	
Phone Number:	
Email Address:	
Relationship to Young Person:	

Parent/carer consent (required if young person is under 18)

Consent	Yes	No
I/We agree to my child taking part in the stated programme and proposed activities.		
I/We agree to any medical treatment that my/our child may need to be given in an emergency.		
I/We agree with the YMCA Bournemouth sharing personal data such as medical or dietary information with third parties if and as required to keep my/our child safe. I/We understand that only necessary information will be shared in line with the YMCA's data privacy and protection policy.		
I/We agree to my/our child being filmed or photographed during the programme, with the possibility that these photographs/media recordings may be used for publications or marketing publicity. *If consent is not given, YMCA Bournemouth, will not use any images taken during the programme that contain the child.		
I/We understand that our child needs to follow the code of conduct and any safety rules so that YMCA Bournemouth can keep them and others safe.		
I/We give permission for our child to walk/cycle/scoot to and from the Townsend Children's Project arriving and departing independently.		
Data Privacy and protection: All information provided is treated in the strict confidence by YMCA Bournemouth and will remain confidential. In certain circumstances we may wish to discuss some things with you and your child in greater detail. To support your child better whilst participating in the programme some information will also be communicated with specific members of the programme staff team. Privacy Policy & Cookies - YMCA Bournemouth		
I/We agree with YMCA Bournemouth's Data Privacy & Protection Policy		



Medical Information:

The information provided in this form is true to the best of my knowledge at this current time and I/We will update YMCA Bournemouth – Townsend Children's Project if there are any changes to my child's needs and any changes to emergency contact details prior to the commencement of the programme. This will include updates on emotional wellbeing or mental health issues that might be helpful for the staff team to provide a safe and successful experience for my child. I understand that providing full and accurate information will help to safeguard my child during their participation in the programme and failure to do so may put my child and/or others at risk. I further understand that a deliberate non-disclosure of an existing condition may invalidate the terms of insurance and I may be liable to cover costs of required medical treatment in the event of an incident or emergency. I/We agree with the statement above.

Print Name:

Signature:

Date: