

# JOINING FORÓIGE

Please write clearly



Young people cannot participate if this form is not fully completed and returned to leaders or staff

## Young Person's Application

I confirm that I wish to join Foróige. I will do my best to get involved in discussions and activities and to follow its agreed rules.

Signed: \_\_\_\_\_

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

## Parent/Guardian Permission

Name of young person (Write clearly): \_\_\_\_\_

Address:

Date of Birth:

Current Age:

If aged 12 or over:  
His/her Mobile:  
See over for explanation and permission

If aged 12 or over:  
Email:

Name of Primary contact: e.g. Mother/Father/Guardian:

Address (if different):

Phone (preferably mobile):

Email:

If any of these details change please let us know.

Alternative contact: (in case of emergency):

Please state relationship to young person:

Mobile Phone:

Other Phone:

## Medical Details

A: Please inform us here about conditions which may require a medical response during Foróige activities such as Asthma, Diabetes, Epilepsy or Allergies. If necessary, give more details to a leader/staff.

B: Does the young person have any other condition that staff/leaders should be aware of, which will may require individual planning and consideration, including conditions affecting learning or social interaction:

If your child or ward is on medication, please give details to the Club Leader (for clubs) or staff person (for staff-led projects).

Please note that this information will be kept by Foróige in accordance with its data protection and retention policies.

## Please circle yes/no to the following statements

### I grant permission for the applicant to:

- |  |     |    |
|--|-----|----|
| 1. Take part in programmes/games/activities in Foróige   | Yes | No |
| 2. Have supervised access to the computers and internet in Foróige (where available)   | Yes | No |
| 3. Be included in photographs or video images which may be taken whilst attending or participating in Foróige activities and I consent to it being used by Foróige for items like Annual Reports, event reports or on Foróige websites or social media channels. | Yes | No |

### Answer only if your child is joining a Foróige Youth Café or drop in:

I agree that my child can sign in and out of the café/group in accordance with the rules

Yes      No

### Phone, Text and Email contact with your child/ward

On some occasions, Leaders may need to contact your son/daughter/ward directly, related to Foróige business. This will not apply to under 12s. Do you agree?

Yes      No

### 4. I confirm that:

- I have read the Parent Information sheet and understand the following:
- Yes      No
- I. Foróige is not responsible for my child/ward before each session/meeting/trip begins or after it ends.
  - II. Leaders/staff must be informed if my child is taking medication at Foróige. Leaders and staff cannot administer it. My child should only have the amount needed for the duration of the activity.
  - III. Foróige will follow policies and rules to promote good behaviour and safety for all.
  - IV. I will be informed if my child is going on an outing with Foróige. For longer or overnight trips, extra permission will be sought.

## Data Protection Information

### On behalf of the above named:

- I consent to the above application
- I understand that the Personal Data given on this form will be used by Foróige for the contractual purposes of registering (or re-registering) and maintaining the Applicants membership/participation.
- I understand that the Personal Data will be retained by Foróige for such period as the Applicants Membership/participation exists and thereafter will be retained by Foróige in line with its Data Retention Periods.
- I understand that the Applicants Personal Data will be used to maintain their membership/participation including administration, registrations, participation in events and activities, disciplinary matters, incident/accident reports and for statistical purposes.
- I understand that if I do not provide the Applicants Personal Data their Membership/participation cannot be registered with Foróige.
- I have read the Data Protection information and understand that the data will be used to provide me with updates regarding Foróige activities such as meetings, events, activities, trips away and other matters relevant to my child/ward's participation in Foróige.
- I understand that information on Foróige's Privacy Statement is available on [www.foroige.ie](http://www.foroige.ie) or by contacting [info@foroige.ie](mailto:info@foroige.ie)

Signed: \_\_\_\_\_

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

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

Relationship to young person: \_\_\_\_\_