



www.freespiritesu.org.uk

New Person Information Form

Please can you fill in the blank spaces below? This information is held in a secure manor and for the purposes of membership/health records only – please see Membership Consent Form.

Name of young person:.....

Address:.....

.....

.....Post Code.....

Home Phone:.....

Mobile Phone:.....

E-Mail:.....

Data of Birth:.....

Next of Kin:.....

Are you taking any medication or suffer from any medical conditions that the leaders should be aware of? (e.g. Asthma, hay fever etc).....

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.....

Date:.....

The Unit runs a varied programme throughout each term and we would like to keep Parents informed. Could you please provide a valid e mail address and or mobile number that will be used on occasion to keep you up to date.

Parents E mail

Parents Mobile number.....