



# Jersey Youth Service Registration Form

Please complete **ALL SECTIONS** of this form in **BLOCK CAPITALS**

<b>Young Person's Name</b>	<b>First Name:</b>			<b>Surname:</b>		
	<b>Preferred First Name:</b>			<b>Preferred Surname:</b>		
<b>Date of Birth</b>	day	month	year	<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> non-Binary <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female	
<b>Ethnicity</b>	<b>Mixed:</b> <input type="checkbox"/> Black & White <input type="checkbox"/> White & Asian <input type="checkbox"/> Asian & Black		<b>Asian:</b> <input type="checkbox"/> Indian <input type="checkbox"/> Thai <input type="checkbox"/> Chinese <input type="checkbox"/> British <input type="checkbox"/> Jersey	<b>Black:</b> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> British <input type="checkbox"/> Jersey	<b>White:</b> <input type="checkbox"/> British <input type="checkbox"/> Jersey <input type="checkbox"/> Irish <input type="checkbox"/> French <input type="checkbox"/> Portuguese/Madeira <input type="checkbox"/> Polish <input type="checkbox"/> Romanian <input type="checkbox"/> South African	
	<input type="checkbox"/> Prefer not to say			<b>Other:</b>		
<b>Address and Contact Details</b>	<b>Address:</b>					
	<b>Parish:</b>			<b>Post Code:</b>		
	<b>Young Person's Contact Number/s:</b>		<b>Mobile:</b>		<b>Home:</b>	
<b>Education &amp; Employment Status</b>	<input type="checkbox"/> School <input type="checkbox"/> College <input type="checkbox"/> Other					
	School/College/Other Name:					
	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed					
<b>Medical &amp; Support Information</b>  <b>(It is your responsibility to inform us of any future changes)</b>	<b>Any medical conditions or allergies?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES If yes please describe: ..... ..... .....					
	<b>Any additional needs or requirements?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES If yes please describe: ..... ..... .....					
<b>Emergency Contact Details</b>  (Must be over 18 and preferably a Parent/Carer of the young person concerned who can be contacted during an emergency)	<b>Contact 1 (ESSENTIAL)</b>			<b>Contact 2 (RECOMMENDED)</b>		
	Full name: ..... Mobile: ..... Home: .....			Full name: ..... Mobile: ..... Home: .....		
<b>Relationship to Young Person</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Carer <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Other (please specify): .....			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Carer <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Other (please specify): .....		



# Jersey Youth Service Consent

## REQUIRED CONSENT

I/my child understand/s and agree/s to follow the Youth Service Code of Behaviour and Confidentiality Statements.

I declare that the information on this form is correct. I understand and accept that it is my responsibility to inform the Youth Service of any changes to details contained on this form including any changes in medical conditions or disability status.

I consent for the information above, and any other additional information related to this JYS registration in the future, to be stored on the JYS Management Information System (IYSS Core+), which is hosted by Servelac Ltd 2023, and located entirely within the EU for the purposes of education, administration, and safeguarding.

**Either** Young people aged 13 years or over may complete and sign the form themselves.

Young Person's Name: ..... Young Person's Signature: ..... Date: .....

**Or** Young people under 13 years of age must have this form completed and signed by someone who has **parental responsibility\***

I confirm that I have sole/joint **parental responsibility\*** for the young person named on this form.

First & Surname: ..... Signed: ..... Date: .....

**\*PARENTAL RESPONSIBILITY – For a child born in Jersey, you have parental responsibility if you are the child's mother/have a custody order or residence order for the child/ have responsibility under an emergency protection order for the child/are a guardian of the child/have adopted the child/are the child's father and you were married to the child's mother when the child was born (in which case you will normally share responsibility with the mother)/are the child's father and you were not married to the child's mother when the child was born but have a residence order or a parental responsibility order from the court or have entered into a parental responsibility agreement with the child's mother or have since married the child's mother.**

## CONSENT FOR VISITS & ACTIVITIES

I give consent for my child to be transported in a Youth Service vehicle and consent to them taking part in lower risk activities, examples of which include, but are not limited to:

- Visits to places of interest (e.g., heritage sites)
- Visits to other youth projects
- Inter youth project sports events (e.g., football, pool, netball)
- Venues to play sport, games, activities (e.g., Bowling, quasar, climbing wall, body zorbing)
- Attending training and meetings at other venues
- Shopping trips (e.g., supermarket)
- Eating out (e.g., take-aways, restaurants, cafes)

**Consent for adventurous activities, residentials, on or off-island trips, requires a separate consent form to be completed. Activities with external providers may require further consent forms to be completed.**

I confirm that I have sole/joint **parental responsibility\*** for ..... (Name of young person)

Full name: ..... Signed: ..... Date: .....

## CONSENT FOR MEDIA

I give consent for photographs and video material of my child, named on this registration form, to be used in Youth Service/States of Jersey printed publications, promotional films, web, and social media sites (including some which are not hosted within the EU) including any local TV, Radio, and publications.

I confirm that I have sole/joint **parental responsibility\*** for the young person named on this form.

Full name: ..... Signed: ..... Date: .....

**We take great care to protect your data. For information about how we use and store your data, please view our Privacy Statement [Jersey Youth Service Privacy Policy](#)**