Saints Kicks Project – Young Person’s Form -

**Personal Details**

|  |  |
| --- | --- |
| **Forename:** | **Surname:** |
| **Date of Birth:** | **Gender:** |
| **Ethnicity:** | **Disability:** |
| **Medical Conditions:** | **Medication:** |

**Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** |  | **Next**  **of Kim**  **Details:** | **Name:** |
| **Relation:** |
| **Postcode:** |  | **Contact Number:** |
| **Home Tel:** |  |
| **Mobile:** |  |

**N.B – If young person is under 16 please get parents contact number only**

**Lifestyle** (please tick)

|  |  |  |
| --- | --- | --- |
| **Have you ever drunk alcohol** | **Yes:** | **No:** |
| **Have you ever smoked** | **Yes:** | **No:** |
| **Are you a teenage parent** | **Yes:** | **No:** |

|  |  |  |
| --- | --- | --- |
| **Film / Photo consent:** | **Yes:** | **No:** |

**Referral Source-** (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| **Self-Referred** |  | **Children’s Services** |  |
| **Police** |  | **Youth Offending Service** |  |
| **Probation Service** |  | **Other:** |  |

**Education**

|  |  |
| --- | --- |
| **School / College** |  |
| **Year Group:** |  |

|  |
| --- |
| **Office Use Only :** Young person added to views **Yes / No** |

|  |  |
| --- | --- |
| **Date of first Session:** |  |

**Code of Conduct**

*We ask you to sign and agree to the following to create a positive environment for you to play in:*

* *I agree to* **RESPECTs ALL MEMBERS OF STAFF**
* *I agree to* **RESPECT EVERY OTHER PLAYER**
* *I agree to* **RESPECT ALL the EQUIPMENT**

* *I agree to* **NO BULLYING**
* *I agree to* **NO FIGHTING OR FOUL PLAY**
* I agree to **NO SWEARING AT OTHERS**

* *I agree to* **RESPECTING THE FACILITIES USED**
* I agree to **NO FIZZY OR ENERGY DRINKS DURING THE SESSION**
* *I agree to no* **SMOKING / DRUGS / ALCOHOL**

By signing this I hereby agree and understand the code of conduct as agreed by The Kickz Project.

**Should you fail to** **obey to this could mean removal from all Saints Kicks and Saints Connect Sessions under the discretion of the lead coach and Project Officer.**

**Young Peoples Signature…………………………………………………….Date………………………**

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