

Greencastle Youth Club

Membership Form

Parents/Guardians Name (Please Print your Name)	
Address	
Home Telephone No	
Mobile Telephone No	
Email address	

Child/Children Details

<u>Child/Children Name's</u>	<u>Boy/Girl</u>	<u>Date of Birth</u>	<u>Any medical Condition/Comment</u>	<u>Class Year in School</u>
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Do you have any special skill that you could offer to the youth club Please tick the box to show what ,your specialist skill are Other Skill (please fill in the box)	Art	Teaching Dance	Badminton	
	Drama	Musical Instruments	Media(web design etc)	
	Craftwork	Sport Hall Games	Computer Training	
	Singing classes	Tennis Skill	First Aid	

Monday Nights (1st and 2nd classes) (time 6.30pm to 7.45pm) then 5th and 6th classes from the National school (time 8.00pm to 9.15pm)

Thursdays Nights (3rd and 4th Classes from national school (time 6.30pm to 7.45pm)

If you have previously completed a Garda vetting form for Greencastle Youth Club please tick the relevant boxes

Completed

Awaiting Reply

If you have not completed the Garda vetting form, you will be required to complete the Garda vetting and return it to the youth club, where it will be sent to DYS (Donegal youth service). This is to comply with DYS insurance policy regarding volunteers working with children

Greencastle youth club is run on a volunteer basis by all of the parents/guardians (of the children who attend), volunteering their time to supervise the children on the youth club nights. Please tick one of the boxes below, so that your name can be entered into the youth clubs rota, as a club supervisor

At times Greencastle youth club will text you with updates on rota and events happening within the club, please tick the box to accept the text service.

We/I agree to photographs of my child/children appearing in the Greencastle Notice board newsletter, Donegal Youth Service bulletins and on the clubs website and local newspapers please tick the box

Community College member please tick which night would suit you for the youth club

Monday Nights

or

Thursdays Nights

Parents/Guardians Signature: _____

Date: _____