



Justice House Youth Workshop Registration Form

Please note that the information on this form is for the use of Justice House Staff at the Youth Workshop and is not available to any other individuals or groups. This means that we will not disclose your e-mail address, mobile number or any other details to another individual without your permission.

Details of Youth

Name _____ Date of Birth ___/___/___

Address _____

Email Address _____

Emergency Contact Details

In the event of an emergency please provide information below which we can use to contact you.

Parent/Guardian Name _____ Phone _____

Alternative Contact Name _____ Phone _____

Medical Information

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness etc.) which we should be aware of?

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

I agree to my child participating in Justice House's Youth Workshop. I understand and accept that in the event of my child's behavior adversely affecting the safety of themselves or others, the organizers reserve the right to request for them to be picked up by a parent or guardian.

Parent/ Guardian Name _____

Signature _____ Date ___/___/___