Teenage Drop-in Registration Form

Your Name: ______________________________
Address: ______________________________
____
E mail: ______________________________
Telephone: ______________________________
Date of Birth: ______________________________

<u>Next of Kin Details:</u>

Name: ______________________________
Address: ______________________________
____
____
Mobile Number: ______________________________
Email: ______________________________

<u>Emergency Contact Details</u> <u>(if different than above)</u>**:**

Name: ______________________________
Address: ______________________________
____
____
Mobile Number: ______________________________
Email: ______________________________

Are you diagnosed with any of the following conditions:

- ☐ Classic Autism
- ☐ High Functioning Autism
- ☐ Asperger Syndrome
- ☐ Atypical Autism
- ☐ Undiagnosed (suspected autism)
- ☐ None of the above

How did you hear about the Teenage Drop-in? ______________________

Do you have any medical conditions, allergies or food intolerances?________
____
____

INTERNAL USE ONLY
Date received:
Date uploaded to Views:
Office Admin/Clubs/Teenage Drop-in/Registration Form

Teenage Drop-in Registration Form

Do you take any medication? ___________________________________

Name & phone number of GP? ___________________________________

Do you have any hobbies/interests?

1. ____
2. ____
3. ____
4. ____
5. ____

Do you have any strong likes/dislikes we should know about? e.g. Bright lights, loud noises etc.

____
____
____
____
____
____
____
____

<u>Waiver</u>

I hereby grant permission for my child to participate in the Teenage Drop-in. I hereby waive, release, absolve, indemnify and agree to hold harmless Autism Guernsey, respective directors, officers, agents, volunteers and employees from any and all claims of liability for personal injury or property damage my child may suffer while participating.

Signature: …………………………………………… Date ……………………………….

INTERNAL USE ONLY
Date received:
Date uploaded to Views:
Office Admin/Clubs/Teenage Drop-in/Registration Form