



Confidential Family Information & Membership Form

Name

Address

.....

Tel No Mobile

Email

Child/Young Person's Details

Name

DoB

Please give a brief description of the child/young person's needs/disabilities and if any diagnosis:

.....
.....
.....
.....

Siblings Names and Ages (Applicable only for those that will attend our activities)

.....

Child / Young Person's DLA Reference Number:

(For the sole purpose as proof for a free carer theatre ticket. Only to be provided if you are going to access our theatre trips)

I do / do not consent for pictures of my child/young person and family members to be published on our website.

How did you hear about The Maxi Fun Club?

Parent /Carers Signature: Date:

Print Name:

For Office Use

Family/Member Number: _____

Date Registered: _____



Data Protection

The Maxi Fun Club will responsible use the information provided in accordance with The Data Protection Act.

Maxi Fun Club will hold and process your personal information for the purposes of administration, events participation, organisation records and contacts, membership records, information mailing and statistics in our funding applications.

At no time will Maxi Fun Club pass your personal information on to any third party without your express permission other than when obliged to do so by legislation at that time in force.