



**KICK ...  
Aspiring to Improve life**

**Registered Charity no. 1142913**

## **KICK Roots youth clubs at The Bridge Church, St Ives**

The KICK Roots youth club runs weekly for young people **aged 11-14**.

The club is on every **Wednesday 7-9 pm** (term-time only) and there is no charge to participate.

The club is run by the project co-ordinator, Jess Deller alongside Safeguarding and first aid trained KICK staff and volunteers.

The club will offer young people the opportunity to meet new people and learn new skills by playing sports, creating and listening to music, cooking, photography and film making.

We will also be inviting guests to speak and run workshops with the young people on a monthly basis based on the young people's interests. We will be offering young people the chance to work towards a nationally recognised Arts Award qualification. KICK Roots will support young people to develop their communication and social skills in a safe and fun environment.

All staff will fulfil their responsibilities to keep young people as safe as possible at all times, however we need you to please give your consent for your son/daughter to attend by signing the attached slip. Without this, young people will not be able to participate in the programme.

Please note that limited places are available, and will be filled on a first come, first served basis. Please do not hesitate to phone me if you have any questions about the programme.

Many thanks,

Jess Deller

KICK Roots project Co-ordinator  
Phone: 07565694823  
Email: [jess@kickyouth.org](mailto:jess@kickyouth.org)

I give consent for \_\_\_\_\_ to attend Kick Roots Youth club at the Bridge church, St Ives. I have attached his/her completed Membership Form so that you will be able to contact me if need be.

Please print your name \_\_\_\_\_.

Relationship to young person \_\_\_\_\_.

Emergency contact number \_\_\_\_\_.

Signed \_\_\_\_\_.

**Club/Project: KICK Roots youth club**

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Name: ..... Date of birth: .....

Address: .....

Post Code: ..... Email: .....

Home telephone: ..... Mobile (young persons): .....

Are you  Female  Male

How would you describe yourself?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asian/Asian British – Bangladeshi | <input type="checkbox"/> Asian/Asian British – Indian  | <input type="checkbox"/> Asian/Asian British – Pakistani |
| <input type="checkbox"/> Asian/Asian British – Other       | <input type="checkbox"/> Black/Black British – African | <input type="checkbox"/> Black/Black British – Caribbean |
| <input type="checkbox"/> Black/Black British – Other       | <input type="checkbox"/> Chinese                       | <input type="checkbox"/> Mixed – White/Asian             |
| <input type="checkbox"/> Mixed – White Black African       | <input type="checkbox"/> Mixed – White/Black Caribbean | <input type="checkbox"/> White – British                 |
| <input type="checkbox"/> White – Irish                     | <input type="checkbox"/> White – Other                 | <input type="checkbox"/> Not provided                    |
| <input type="checkbox"/> Gypsy Heritage Traveller          | <input type="checkbox"/> Romany Heritage Traveller     | <input type="checkbox"/> Irish Heritage Traveller        |

Would you describe yourself as having a disability?  Yes  No

What school do you/did you attend? .....

Are you planning to, or have you, stayed on in education after the age of 16?  Yes  No

In an emergency, who can we contact?

Name: ..... Relationship to you (Mother, Uncle, etc) .....

Telephone: ..... Mobile: .....

Any medical condition/information  
we might need to know?

Are you already registered as a member on another youth work programme?  Yes  No

Please list any other clubs  
or groups you go to:

Signed: ..... (young person) Date: .....

Signed: ..... (parent/carer)\* Date: .....

*\*To be signed by the parent or carer if the applicant is under 16 years of age*

**Please complete the Photograph/Video permission Form overleaf**

## Photograph/Video Permission Form

Whilst young people are taking part in activities organised by our youth workers we occasionally like to record an event or activity by taking photographs or using a video camera. The images may be used for reports, displays etc or even just as memories for the young people. We are aware of the sensitivity surrounding this issue and therefore will not photograph/video any young person without the consent of their parent/carer.

If you are happy for your son/daughter to be photographed/videotaped during the normal course of the activity please complete the form below.

*Please complete this form in Block Capitals (except your signature)*

**Name of Organisation to whom permission is being given:**

**Child/children's Name/s** \_\_\_\_\_

**Parent/Carer's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Post code:** \_\_\_\_\_

*I am the parent/legal guardian of the child(ren) named above and I give permission for my child(ren) to be photographed or videotaped whilst in the care of the organisation named above for the following purposes (please tick all that apply)*

- Photo Albums
- Displays
- Reports/evaluation
- Printed publications available to the public
- KICK website
- Newspaper articles

For child protection reasons, children's names will not be given in any publication. However if you are happy for their full name to appear in a News Paper article please tick this box:

**Parent's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# **KICK**

## **General Data Protection Regulation (GDPR)**

### **Parent Consent Form**

**Please put a mark through any statement that you do not agree with.**

I agree for my child's full name to be recorded on the session register.

I agree to my child being included in photos taken by KICK staff during the sessions.

I agree for photos to be used in my child's portfolio of work if applicable.

I agree for photos of my child to be used in another child's portfolio of work.

I agree for my child's first name to appear in another child's portfolio of work.

I agree for my child's photo to appear on the KICK website.

I agree for my child's photo to appear on the public KICK Facebook page.

I agree for my child's photo to appear on the public KICK Twitter page.

I agree for my child's photo to appear on printed advertisement.

I agree for my child's first name to appear in newspaper articles and social media articles.

I agree for my child's photo to be used in future funding bids.

I agree for my child's photo to be used in reports submitted to funders.

I am happy for you to hold information regarding my child's ethnic origin.

I am happy for KICK to share relevant information with partner agencies and centres such as Cambridgeshire County Council staff and outdoor learning centres, school, doctors and emergency services.

Young Person name:

Parent/carer name:

Parent/carer signature:

Date: