

**Pembroke House Youth Centre  
Registration Form**

**Membership No:** .....

**Name**..... **D.O.B.**.....

**Address** .....

.....

..... **Postcode** .....

**Telephone Number** ..... **Mobile** .....

**Ethnicity**.....

**School Attending/Place of Work** .....

**Emergency Contact Name** .....

**Address**.....

.....

**Telephone number (day)** ..... **(night)** .....

**GP Name and address** .....

.....

**Do you suffer from any allergies?**      **Yes/No**

**If yes give details** .....

**Are you on any medication which we should know about?**      **Yes/No**

**If yes please give details** .....

**Signed** ..... **Date** .....