

YOUNG QUILTER'S REGISTRATION FORM



For attendance at YQ Workshops

<u>Welcome to Young Quilters!</u> This information is confidential between you and The Guild and will be used only in providing an appropriate environment for the young person to work with Young Quilters.
Name of Young Quilter
Date of Birth Guild Membership Number
Home AddressPostcode
Parent/Guardian details:
Full name
EmailMobile
Please note: Children will never be allowed to leave a YQ Workshop unaccompanied.
If you would like someone else to collect your child, please provide their details below:
NameMobile
Relationship to child
Medical information
Does your child have any known medical conditions, known allergies, or special dietary requirements' YES/NO
If yes, please give details
Does your child have any special needs or accessibility requirements that you would like us to be aware of? YES/NO
If yes, please give details
Photograph Permission
Please tick if you give permission for your child to be photographed at YQ events and for these photographs to be used in publications (including websites) produced by The Quilters' Guild of the British Isles or our sponsors.
Signed(Parent/Guardian) Date

YQ Workshop Record

Venue	Date of activity

Name of Young Quilter.....