

Young Person Application Form

Personal Details	
Full Name	Male/ Female
Address	Post Code
Home Tel	Mobile
Email	Church Name
Date of Birth ___ / ___ / ___	School Year

About You
How long have you been a Christian?
Please tell us what your Christian commitment means to you and how you came to faith in Jesus?
How do you want to change in the next year?
Why do you want to be part of Forge?

YOUR REFERENCES	
Applicants are asked to provide the names of two referees, who we can contact to find out a bit more about you. Please ensure they are happy to act as a referee for you! One of them should be someone in a leadership position in your church.	
Name	Relationship to you
Address	Post Code
Tel No	Email
Name	Relationship to you
Address	Post Code
Tel No	Email

EXTRA INFORMATION AND PERMISSION TO TAKE PART	
We will need some extra information for you to be part of Forge. Please fill in the details below and, if you are under eighteen years old, please ask your parent / guardian to sign below, giving permission for you to take part. If you are over eighteen, please write your name and sign below.	
Medical conditions	I give permission for _____ (Name of applicant) to take part in Forge between September 2018 and July 2019.
Dietary requirements	In an emergency, if I cannot be contacted, I am willing for my child to receive necessary hospital treatment, including anaesthetic. Yes / No
Known allergies	I give permission for un-named photographs and video footage of my child taken at this event to be used by YFC for publicity Yes/ No
Parent / Guardian's name	Date
Signed	

For further details please contact Jax Keal 07922 704143 or jkeal@cambridgeyfc.uk