



Circle of Support Membership Form

Parents/Guardian's Information

Name/Names: _____

Address: _____

Postcode: _____

Contacts: Mobile 1: _____

Mobile 2: _____

Landline: _____

Email: _____

Child/Children's Information

Name: _____

DOB: _____ Gender: _____

Has your Child a Diagnosis? _____

If Yes, what is their Diagnosis? _____

If NO, please inform us of why your child/children is under investigation: _____

Has your child/children have any other medical needs? _____ If YES, state in box below

Please Read Carefully and Tick Appropriately

{ } My child/children will always be accompanied by a parent/guardian when attending or taking part in COS events

{ } I wish to receive emails of upcoming news and COS events

{ } I allow my mobile number to be used for text message alerts

{ } I allow my child's picture/video to be taken while taking part in all COS related activities and used by COS for publicity in

Raising Awareness

{ } I allow my child/children pictures to be posted on Circle of Support Facebook Page

{ } While on COS events or days away, we will conduct ourselves in an appropriate manner that does not reflect badly on

COS

{ } Whilst being a member of COS I will treat the Members page and Circle of Support Facebook Pages with respect and

Privacy

I (block capitals) _____ hereby acknowledge that all information I have given is to be correct and true, and understand all information provided by COS.

Signature (Parent/Guardian) _____ Date _____