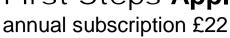
First Steps Application Form





Personal Details	
Name	
Address	
	Postcode
Telephone	Date of birth
Email	
School Details	
Which school year group are you in?	
School Name	
Parents / Guardian Details	
Mother / Guardian's Name	
	mobile
	mobile
Medical Details	
Do you suffer from any allergies or medical conditions? If YES, please give details.	
Do you regularly take any medication? If yes, please give details.	
Declaration	
 I enclose cash / cheque (made payable t 	o PYT) for £22.00
I enclose TWO passport sized photographs.	
I have read and understand the PYT Guidelines.	
SignedF Parent / Guardian	Print

Deadline: Friday 6 January 2017, membership starts on 7 January 2017