

WORKSHOP/ COURSE REGISTRATION FORM

This form should be completed by parent/guardian/accompanying adult - for all children under 16.

About the child/young person – Please complete all sections.

NAME: In caps _____

Male / Female AGE: _____

Name of person COLLECTING child/young person? _____

Medical conditions/allergies/medication? If yes, please supply details here:

Relevant Medical Details: State below If none write NO in large letters here. _____

Continue overleaf if necessary, including details of any current medication.

Lunch Provision (required where workshops/courses are all day or cover a lunch break)

There is a separate form where lunches are to be purchased or provided – Please complete this and hand to staff upon arrival. Ensure your child knows what arrangements are in place.

Contact Details: It rarely happens, but we may need to call someone today.

Tel No. 1 : Adult to collect child **Tel:** _____

Tel No. 2: Adult in case of an emergency **Tel:** _____

Publicity & photographs

We occasionally use pictures of fun stuff, great artwork and activities in future press, posters, webpages etc. when promoting similar activities. Children are never named or identified and close ups are rarely used. Art at the Heart CIC Tutors may take images of children working during this session.

We're unable to seek individual parental permission in future publicity so need you to agree now – just in case.

Do you give permission for the above named to be included in any publicity Yes / No

(When answered NO - children wear a plain coloured sticker so that staff are easily aware).

Further medical information – continued from previous page.

Continued/

Please note – We don't administer any medication except in emergency situation.

Data Protection

The details on this paper form are held in a folder in Box Office for the purpose of this course or workshop only and are never shared **except** where a free lunch is provided as part of **Free School Meals Holiday funding**. In this instance details will be referred to the **child's school** and HAF School Meal funding providers. Info supplied will be subject to the same GDPR as within schools and is for funding purposes only. Information may be held for monitoring purposes & bookers may receive contact for future courses that may be of interest.

Forms will be disposed of responsibly and cannot be re-used for future workshops in case the details have changed.

Please sign to confirm you have read and understood the arrangements and terms of this workshop relating to health, lunches, publicity and data protection.

I have read & understood these arrangements: **Signed** _____

FOR OFFICE USE:

Medical Details advised to tutor	No publicity Sticker issued to child
Tutor named	Tutor is aware
By whom:	By whom:

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