

# ENROLMENT FORM



First Name:.....

Surname .....

Address:.....

.....

Post code.....

Date of Birth:.....

Male/Female .....

Young persons personal mobile:.....

.....

## Emergency Contact details:

Name of contact.....Relationship.....

Address .....

Telephone (State if home/work/mobile).....

## 2nd Emergency Contact:

Name of contact.....Relationship.....

Address .....

Telephone (State if home/work/mobile).....

## Declaration & Consent

I consider (.....) to be medically fit to take part in the TR14ers Dance Workshops and associated activities, performances & events. I give my permission for (.....) to receive emergency medical care, and anaesthetics, as considered necessary by the attendant medical team. List medical conditions like epilepsy, diabetes, allergies etc we need to be aware of:.....

Digital / Photographic Images: I *agree\** / *do not agree\** to any photographic/digital images of (.....) being taken and used in future publicity for similar events and media press releases. [*\*please indicate*]

Signature:..... of Parent/Guardian/Carer. Date:.....

As part of the evaluation of this initiative, researcher(s) may attend and observe the Workshop. Participation in the Workshop is separate from participation in the evaluation. Fully informed consent will be sought from participants in the evaluation

Participants will be covered by TR14ers public liability insurance. TR14ers cannot accept any responsibility for loss of or damage to any personal effects. TR14ers registered charity No. 1128834 & registered as a company limited by guarantee in England and Wales. No: 06793947 Krowji West Park Redruth TR15 3AJ