



Rose of the Shire Performing Arts

Participant Information

Name of Class:			
Participant Name:			
Address:			
Town:		Age:	
Post Code:		D.O.B	
Home tel:		Participant Mobile Tel:	
Participant Email:			

Do you have any additional needs we should be aware of?

Yes

☐

No

☐

(Please **tick** as appropriate)

If yes, please describe the impairment below:

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EMERGENCY INFORMATION (For under 18's, parents/guardians **must** complete this)

EMERGENCY CONTACT NUMBERS: (These numbers are needed in case support is needed immediately - please give as much information as possible. For under 18's this will usually be a parent or guardian)

Emergency Contact name(s):

Relationship to participant:

Tel. Number (Please provide the best one to contact you on):

Alternative Tel No:

Email:

Permissions & Consent (18 and Over can sign for themselves for photo/video content)

☐ I give permission for photograph's audio and video footage of my child to be used for educational, promotional or publicity purposes by Rose of the Shire Performing Arts

☐ I give permission for my child to leave the Brooke Weston Building alone at the end of the session. Please state below the collection arrangements for your child:

I, the parent/guardian of _____ agree to all the permissions that have been ticked above.

Print name: _____

Signed: _____

Relationship to Participant: _____

Date: ____/____/____

Phone: 07724 647188

Email: roseoftheshireperformingarts@outlook.com

Website: www.roseoftheshireperformingarts.com

