



CYGNETS is a not-for-profit group developing skills in the performing arts, providing performance opportunities, and using theatre, music and dance to increase confidence, improve self-esteem and aid personal and social development

ENROLMENT & CONSENT FORM (U18's)

Please complete a separate form for each participant

NAME OF EVENT:

DATE:

Name of Participant: Age: DOB:

Address:

..... Postcode:

Parent/Guardian's Names:

Parent/Guardian's Email:

Address if different from above:

..... Postcode:

Parent/Guardian's 1st Contact Number:

Parent/Guardian's 2nd Contact Number:

Alternative contact number in case of emergency:

Signing In and Out:

Under 16's: I understand that I will need to sign _____ in and out at each rehearsal and performance. Signed.....

Over 16's: I give permission for _____ to sign themselves in and out at each rehearsal and performance. Signed.....

Names of Persons Dropping off and Collecting:

.....
.....

Medical Information and Consent:

Please state any known medical conditions or allergies we need to be aware of, plus any special access needs:

Details of any medication being taken during the event and instructions:

(If an inhaler for asthma is used, please remember to bring a spare one)

Is there any extra information we should be aware of?

I agree to _____ receiving medication as instructed. Should a medical emergency arise, I give my consent to any urgent medical treatment. CYGNETS agree to keep me informed should this need arise. Signed

Consent for Multimedia Images:

During the event, photographs and recordings (audio and visual) may be taken for publicity purposes. CYGNETS take child safety very seriously, so no names or identifying information will be used in any publicity.

I give*/I do not give* my consent for _____ to be photographed and recorded and the images used for publicity purposes.

*(*please delete as appropriate)* Signed

Declaration

I confirm that I give my consent for _____ to take part in this event and that all the information I have given is accurate. I will inform CYGNETS as soon as possible should there be any changes in circumstances or changes to the information I have given.

Signed (Parent/Guardian): Date:

Print Name: Relationship to participant:

