



Yorkshire Academy of Creative Arts & Dance

Participants Information:

| | | | |
|-------------|--|----------|------------|
| First Name: | | Surname: | |
| Address: | | | |
| | | | Post Code: |
| Tel: | | E-Mail: | |
| D.O.B: | | | |

Does the above named participant suffer from any medical or physical conditions that we should be informed of? (Such as asthma, panic attacks, epilepsy, diabetes, ADHD etc)
Please details below. If none, please write 'None'.

Is it necessary for the above named participant to take any medication (such as inhalers) whilst taking our sessions? Please provide details or write 'None' if there are none.

Does the above named participant suffer from any allergies? Please provide details or write in 'None' if there are none.

Emergency Contact:

| | | | |
|-------------|--|----------|------------|
| First Name: | | Surname: | |
| Address: | | | |
| | | | Post Code: |
| Tel: | | E-Mail: | |

(Please note in the event of an emergency it will be the person above who will be the first point of contact)

Parental Information for under 18's:

| | |
|-------------|----------|
| First Name: | Surname: |
| Address: | |
| Post Code: | |
| Tel: | E-Mail: |

Consent for use of images:

I hereby give Yorkshire Academy of Creative Arts and Dance permission to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage for any of the following uses: Advertisements, marketing, leaflets, or any other use such as for training, educational or publicity purposes.

| | |
|--|--|
| Participants Name: | Participants Signature: |
| Parental Name (consent for under 18's): | Parental Signature (Consent for under 18's): |

Consent for use of touch:

I hereby give Yorkshire Academy of Creative Arts and Dance practitioner's permission to use physical touch to enhance the learning of participants.

| | |
|--|--|
| Participants Name: | Participants Signature: |
| Parental Name (consent for under 18's): | Parental Signature (Consent for under 18's): |

Declaration:

By signing this form, you confirm that the above named participant is physically, mentally and medically fit to participate in the session and that you indemnify the teacher's and Yorkshire Academy of Creative Arts and Dance from any claim or liability arising out of any physical, mental or medical condition. If you are in any doubt, please consult the child's medical practitioner before starting sessions.

| | |
|--|--|
| Participants Name: | Participants Signature: |
| Parental Name (consent for under 18's): | Parental Signature (Consent for under 18's): |



Yorkshire Academy of Creative Arts & Dance

Additional Information

Participants Name:

Please tick the box which best describes you?

| | |
|---|--------------------------|
| I am in full time education (please complete section A Below) | <input type="checkbox"/> |
| I am in part time education (Please complete section A below) | <input type="checkbox"/> |
| I am in full time work | <input type="checkbox"/> |
| I am in Part time work | <input type="checkbox"/> |
| I am currently not in work (Please Complete Section B) | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Do you attend/take part in any other activities (Please complete section C)

How did you hear about Yorkshire Academy of Creative Arts and Dance?

Additional Comments:

Please use this space to tell us anything you would like us to know:

Section A:

Name of school/College/University:

Year/Course of study:

Section B:

Yorkshire Academy and Creative Arts and Dance are here to support you as an artist and as an individual; we fully understand that in some circumstances fees cannot be met due to personal situations, we offer addition support for this, if you would like access to this support please tick below.

Yes I would like addition support

No I wouldn't like additional support

Section C:

Activities Attended:

Location of Activities: