



**Participants Information:**

First Name:	Surname:
Address:	
Post Code:	
D.O.B	School:

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 attending 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:
Relationship to child:	

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

**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.

Parental Name:	Parental Signature:
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**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.

Parental Name:	Parental Signature:
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**Declaration:**

By signing this form, you confirm that the above-named participant is physically, mentally, and medically fit to participate our sessions. If you are in any doubt, please consult the child's medical practitioner before starting sessions.

Parental Name:	Parental Signature:
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