

Summer Programme

BOOKING & CONSENT FORM

This form covers all **Pirate Club and The Comedy School** sessions, activities, events and meetings.

Young Persons Full Name: _____ Age: _____ Date of Birth: __ / __ / __

Sex: M / F Can your child swim a minimum of 25 metres? _____

Parent / Guardian's names: _____

Address: _____

Tel (Home): _____ Tel (Work): _____ Tel (Mobile): _____

Email Address _____ We will send you updates on new and existing services that we offer.

EMERGENCY CONTACT DETAILS

In case of emergency, please supply the name and telephone number of a second contact.

Name: _____ Relationship to young person: _____ Tel: _____

MEDICAL INFORMATION

Name of G.P.: _____ Tel: _____

Surgery Address: _____

It is important that we know of any medical condition (for example, asthma, diabetes, heart trouble), which may require treatment and/or any condition that may affect participation in any activity. Please list any special treatment / medicine required.

Approximate date of last anti-tetanus injection, if known: _____

Any special dietary requirements: _____

Any allergies e.g. antibiotics, aspirin etc: _____

Does your child have any disabilities? _____

AS PARENT / GUARDIAN OF _____, I AGREE

(C h i l d ' s N a m e)

- To give my consent for my child to take part in water activities, performing arts and video/photography projects at the Pirate Castle and on the Regents Canal.
- That whilst my child is attending Pirate Club activities the staff and volunteers attending will be acting in "Loco parentis".
- That in the event of my son / daughter / ward needing medical treatment the staff may, after making reasonable attempts to contact myself or my designated emergency person, give my consent to such treatment on my behalf.
- **Video workshops and photography involving my child are integral to the Summer Programme and I give permission for all images and film to be used, in all media forms, by both the Pirate Castle & The Comedy School for fundraising and publicising the work they do.**

Signed (Parent / Guardian): _____ Date: _____

PLEASE POST FORM TO: THE COMEDY SCHOOL, 15 GLOUCESTER GATE, LONDON
NW1 4HG