

VARNHAM PERFORMING ARTS
WORKSHOP REGISTRATION FORM



Please complete the sections below and sign to confirm that you have read and understood **section 5 - workshops in** the VPA Terms & Conditions.

Return the completed form to Hannah at info@varnhamperformingarts.co.uk

To be completed by Parent/Guardian or Adult

Parent/Guardian/Adult Name

Address

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Postcode

Email

Primary contact number

Secondary contact number

(PLEASE PROVIDE 2 EMERGENCY CONTACT NUMBERS)

Students name

Students DOB

Students academic school attending

TERMS AND CONDITIONS

Attendance at Varnham Performing Arts is dependent on acceptance of our Terms and Conditions and Privacy Policy. Copies of both can be found on our website.

I confirm that I have read the VPA Terms & Conditions and Privacy Policy and that I understand and accept them.

PHOTOGRAPHY

VARNHAM PERFORMING ARTS
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I am happy for photography and video footage of my child to be used by VPA for marketing and publicity material. (Website, Social Media, Posters, Banners, Flyers & local press etc.)

Parent/Guardian Adult Signature

Date

Printed name

MEDICAL FORM

Student Name

Please list all known medical conditions and medication required including Allergies (Food/Drug):
Medical Conditions (Asthma, Epilepsy, Diabetes etc) Behavioural/Psychological Conditions
(Dyslexia, Dyspraxia, Aspergers, ADHD etc).
Please include any other information about you or your child that may affect you or your child's
class experience.

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Consent to General Treatment & First Aid

I give consent for me/my child to receive any necessary health care and first aid whilst under the care of VPA. Where appropriate I/my child may be given non-prescribed medicines to treat minor illness or injury. These may include paracetamol, ibuprofen, or piriton. I understand that essential medical information will be shared with the relevant school staff and carers. I understand that it is my responsibility to inform the school of any new medical conditions and health needs. Unless notification is received, the school is entitled to consider that the information in this Confidential Medical Form is correct.

Parent/Guardian Adult Signature

Date

Printed name