

# 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