**Child/Adult Enrolment Form**

**Please complete this form in block capitals**

Name -

Dob –

Address –

Emergency Contact 1

Name –

Relationship to Student –

Mobile Number –

Home Number –

Work Number –

Email Address –

Emergency Contact 2

Name –

Relationship to Student –

Mobile Number –

Home Number –

Work Number –

Email Address –

Details of any medical conditions (eg allergies, asthma, injuries that are ongoing) –

Details of medication taken -

I give my consent and authorise for Vicky Codling or the staff/Volunteers in charge to give the immediate necessary authority on my behalf for any medical treatment recommended by competent medical authorities in the case of an emergency. I understand that every effort will be made to contact you. I will not hold Vicky Codling/Funky Feet School of Dance and Performing Arts legally or financially responsible for any claims arising from consent and medical treatment of the pupil named above.

Please cross through any of the statements below you **do not** agree to and sign below –

* I give consent for my/my child’s photo to be taken for use on the Funky Feet Facebook pages
* I give my consent for my/my child’s photo to be used on twitter
* I give my consent for my/ my child’s photo to be used on Instagram
* I am happy to be videoed/I am happy for my child to be videoed and the video clip to be used on the Funky Feet Facebook pages.
* I give consent for my/my child’s photo to be taken and used on the Funky Feet website
* I give consent for my/my child’s picture to passed onto the EDP or Beccles and Bungay
* I give consent for my/my child’s picture to be used in other advertising for Funky Feet
* I give my consent to be part of a WhatsApp group as a form of communication
* I am happy to be part of your mailing list, so I receive newsletters and updates.
* I understand that I waive the right to approve any photographs/videos and understand there will not be any compensation for the use of these photographs and videos.
* I will notify Paul Clark or Vicky Codling, the safeguard lead and deputy of any safeguarding issues I have read the child protection/safeguarding policy on the notice board in the foyer and understand I am able to ask for a copy if I wish. By signing below, I consent to us sharing information with the relevant authorities if we have concerns about the welfare of their child/children, but that we do not have to seek consent If there are serious concerns about harm or likely harm to their child/children.
* I am aware this is a physical activity with a risk of injury
* I confirm the person named above is physically fit and healthy and I will advise Vicky Codling of any change
* By signing below, I declare that I am aware of the risks involved in the dance and performance-based activities offered and whilst I accept Funky Feet will take precautions to prevent accidents, I understand they will not be held responsible for accidental loss, damage or injury to the student unless negligence can be proved.
* I have read all the guidelines regarding Covid and am happy to follow the procedures in place.

Signature of Student (if over 18)/Parent/Guardian ……………………………..………………

Date………………………………………………………………………………..………………..

Student Name……………………………………………………………………………………….