

infusion arts

film and performance school

Consent and booking form

In order for your child to participate in any sessions it is vital that this form is filled out completely. It enables us to keep up to date records and have relevant health information and next of kin contact details. On signing this form, you, the guardian accepts responsibility on behalf of the student concerning behaviour and attendance.

Please state if you do not wish your child to be included in any photographs during rehearsal or other.

Name.....

Childs name (under 18 years)

DOB..... Age

Full home address

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.....
.....

Daytime telephone number

Evening contact number

Please state any health problems for allergies

Emergency contact name.....

Relationship to child.....

Contact number.....

Date.....Start date

If booking free session please state session date

I do/not accept my child to have photographs/film footage taken during sessions

Signature

parent/guardian