



MOTIV-8 | FREE STREETDANCE CLASSES

PARENT / GUARDIAN'S DETAILS		CHILD'S DETAILS
Name: Mr/Mrs/ Miss/ Ms		First Name:
Address:		Surname:
		Male / Female:
Town:		Age:
County:		Date of Birth:
Postcode:		School:
Contact Tel. (preferably inc. mobile numbers)		Ethnicity: White: Mixed: Black: Asian: Black British: Chinese: Other: _____
Email:		
Other Emergency Contact Name & Number:		
CHILD'S MEDICAL / ALLERGY DETAILS		
Name of Doctor:		Name of Practice & Tel:
Details of any medical conditions: Please note a separate form must be completed if your child requires medication to be administered at the session - please contact us by emailing info@kayzar.co.uk . Any medical forms must be returned at the same time as the booking form.		
PROMOTION OF ACTIVITIES: IMAGE CONSENT		
Do you give permission for photographs/video to be taken of your child during these sessions for the purpose of the press, Kayzar's main website and social network sites, exhibitions and displays, other promotional material, and information for partner agencies? YES NO		
PARENT/ GUARDIAN'S AGREEMENT		
I know of no medical reason why the above named child should not participate in the activities.		
<ul style="list-style-type: none"> • I give consent for the administration of basic first aid. • I give consent for my child to be taken to hospital in an emergency. • I give consent for the administration of any medical treatment (by medically trained staff only) in the event that I am unable to be contacted. 		
Signed (Parent/Guardian) : _____		Date: _____

Please return completed forms together with proof of income-based benefits to:

Kayzar | Rhythm and Funk Studios, 1 Market Pavement, Basildon, Essex SS14 1DD

Email info@kayzar.co.uk | Tel. 01268 280319 | www.kayzar.co.uk