

# GoDarting

## Contact Form

Participants Name	Parent / Guardian phone number
Participants D.O.B	Home Telephone Number
Address and Post Code :	
Contact Email address :	
Alternative Emergency Contact and relationship to participant :	

### Screening Information

Is she / he on any long term medication? If yes, please give details	Yes / No
Does your child suffer from any medical problem that you think we should be made aware of? If yes, please give details	Yes / No
Are there any other health problems that would prevent your child from participating	Yes / No

I, the parent / guardian of \_\_\_\_\_ agree that the above information is correct. To the best of my knowledge, I have given all the relevant information about my child's health and activity details. I agree to him / her participating in activities at GoDarting.

**Payment Information** - Mark Alexander £25.00 per month standing order on 1<sup>st</sup> of each month  
Sort code – 09 01 29 Account Number – 49537227

Signature Parent or Guardian: ..... Date .....

# PHOTOGRAPHY AND FILMING CONSENT FORM

In accordance with child protection policies photographs, video, or other images of young people are not to be taken without the consent of the parents/carers of the child.

GoDarting would like to promote the class and also the children's achievements and will take all steps to ensure that these images are used solely for the purposes they are intended.

The photographs and videos can be used for the following purposes (please delete as appropriate):

Promotional materials (merchandise)  
Publications (posters, flyers etc.)  
Official website and social media

### Consent information:

To be completed by parent/carer:

I ..... consent to the publication of  
photographing or videoing of my child .....

I ..... do NOT give consent to the publication of  
photographing or videoing of my child .....

All information will be kept strictly confidential in compliance with the current Data Protection Act.

Thank you.

Go Darting