

STUDENT DETAILS FORM

Young at Art Limited Workshops and classes.



Students Name: _____

Name of Parent/Guardian: _____

Email: _____

Home Telephone No _____ Mobile Telephone No: _____

Home Address: _____

Child's Date of Birth: _____ School: _____

Please provide name and contact details of one other person we can contact should you not be available in case of emergency.

Name: _____ Contact No. _____

Please provide name(s) of any other person(s) allowed to collect your child from **Young at Art** classes: _____

Please state if your child has any medical conditions / allergies or any other information that you feel we should be aware of. *If your child has special needs please advise us by phone or email so we can talk through the best way for our tutors to assist your child.*

Where you heard about us: _____

Disclaimer:

I agree for Young at Art tutors to administer first aid to my child/children if required in the event of an accident. Should it be necessary I also give Young at Art tutors permission to transport or arrange transport to hospital if the injuries are of a more serious nature.

I have sighted the premises where **Young at Art** takes place and feel confident that Young at Art is providing a safe environment with good emergency procedures.

I confirm that my child has no life-threatening conditions that I am aware of.

I agree for my child's work to be photographed and used for promotional use or display.

Parent / Guardian's signature: _____

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