



Consent/Booking Form

Workshop details

Name Date/s Venue

Participant details

Name
School Age School year
Address
Postcode

Parent/Guardian Details (We will use these details for updates & relevant info)

Name
Address (if different from above)
Telephone Mobile
Email

Emergency Contact Details

Name
Relationship to participant
Telephone Mobile

Please tell us about any relevant medical issues, disabilities or allergies

Who will be collecting your child from the sessions?

Consent I give consent for my child to participate in Isabella Dance sessions

Signed (parent or guardian) Date
Print Name

Photographs and Video I give permission for Isabella Dance to take photographic and video images of my child and to use those images in the course of promoting Isabella Dance, I understand that the images may be used in printed and electronic publications and on the internet

Signed (parent or guardian) Date
Print name