**PARENT/GUARDIAN CONSENT FORM**

**Workshop participant details**

|  |  |
| --- | --- |
| Name:  |  |
| Date of birth: |  |
| Address:  |  |
| Email: |  |
| Do you have any allergies? | [ ]  Yes [ ]  No*If ‘Yes’, please describe:* |

**Parent/guardian details**

|  |  |
| --- | --- |
| Name:  |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |
| Postal address: |  |

**CONSENT**

The participant’s parent/guardian is required to sign below for the participant to take part in this workshop/event. Please note that supervision is only for the duration of the workshop/event, and it is the parent/guardian’s responsibility to make arrangements with the participant for before, between and after workshops/events.

The parent guardian gives permission for photographs of the participant to be used by the City of Bayswater for publicity and promotional purposes.

Please sign your understanding and consent of the above:

**Parent/Guardian**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_