

ROCKSCHOOL REGISTRATION FORM

Please complete this form in full.

Child's Name: _____

Address: _____

Age: _____ D.O.B: _____

Child's Phone Number (if applicable): _____

Parent / Guardian Name: _____

Phone Number: _____

Email Address: _____

Instrument / Instruments / Singer: _____

Emergency Contact

Name of Person to Contact in Case of Emergency: _____

Relationship to Child: _____

Phone Number: _____

Health & Medical Information

In the event of an accident or medical emergency, do you give permission for RockSchool staff to seek appropriate medical treatment for your child if you cannot be contacted?

☐ Yes ☐ No

Any allergies or health concerns?

Is your child currently taking any medication?

☐ Yes ☐ No

If yes, is your child able to take their medication independently during RockSchool?

☐ Yes ☐ No If no, please provide

details: _____

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Does your child have any special needs or additional support requirements?

Any additional information you need to tell us about your child?

Collection Arrangements

My child will be:

☐ Collected by a Parent/Guardian ☐ Collected by an Authorised Adult

Name(s): _____

☐ Permitted to leave independently

Photography, Video & Data Protection

Photographs and video recordings may be taken during RockSchool by RockSchool and The Glens Arts Centre for use on websites, social media, printed publicity, press, funding reports and organisational archives.

☐ I give permission for my child to appear in photographs and/or video recordings.

☐ I do not give permission.

The information provided on this form will be used by RockSchool and The Glens Arts Centre solely for the administration, safeguarding and safe delivery of RockSchool and will be processed in accordance with applicable data protection legislation.

Parent / Guardian Declaration

I confirm that the information provided on this form is accurate to the best of my knowledge and I will notify RockSchool of any changes before or during the programme.

Parent / Guardian Signature: _____

Print Name: _____

Date: _____