Young Person's General Information and Consent form for the CDFB

Full name of young person:				
Address:				
Post code: Email:		Date of birth:	1	1
Church (if any):			/	/
Name of parent/guardian: Home telephone no:	Mobile r	10:		
Please tick box to agree and leave bla		ND AND PARTICIPATE	IN THE	E EVENT.
☐ I give my permission for photograp Christian Youth Dance website due to magazine/newsletter/website/publicity	be launched shortly and the Christ	ian Dance Fellowship of	Britain '	
☐ In case of an emergency and/or if treatment and surgical operations, in a				edical and denta
Information needed for workshops ☐ Any known regular medical conditional affect the young person during particles of the young person during particles. If YES, please give details:	articipation in workshops?	•		
Signature: Print name:		:		
☐ Please tick if you (parent/guardian)	are also attending the event. If yes	in the case of an emerg	gency y	ou will be
contacted so you will not need to fill o	ut the section below. For young peo	pple attending the confer	ence in	dependent of
parent/guardian signing this form, plea	ase name the responsible adult who	will be present during the	he weel	kend and
complete the young persons emerger	cy details below.			
Name:				
Home telephone no:	Mobile no:_			
In case of emergencies the following on Name of GP: GP's address: GP's tel no:	National H	ealth No.(if known)		
School / college attended:	Religion:	First language	:	

Please note: neither the CDFB nor the teachers at this event will be responsible for any injuries incurred as a result of taking part. The workshop leaders are skilled practitioners and will therefore lead with knowledge of safe practice. Personal articles are brought to the weekend at the owner's own risk.