



# CONTESTANT REGISTRATION FORM

## Contestant Details:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel No (if 18yrs and over): \_\_\_\_\_

Name of School: \_\_\_\_\_ Year Group: \_\_\_\_\_ Email: \_\_\_\_\_

(if applicable) (if applicable) (if 18yrs and over)

Type of Performance: \_\_\_\_\_ Stage Name: \_\_\_\_\_

## Health, Wellbeing & Consent: *(This section to be completed by 18 year olds and over only)*

Please provide details of any health issues, disabilities, allergies or phobias that we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

Name of Emergency Contact Person & Contact Number: \_\_\_\_\_

We regularly take photographs/videos which we use for promotion and may be viewed by the public, please state if you would be happy for us to include photo/video images of you in our promotional material. Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This Section is to be completed by Parent/Guardian of young people below 18 years old

## Health & Wellbeing, Parent/Guardian Declaration and Consent:

	If yes please give details
Does your child have any health issues and/or taking medication? Yes / No	
Does your child have a disability? Yes / No	
Does your child suffer from allergies or phobias? Yes / No	
Are there any food/drinks that your child is NOT permitted to have? Yes / No	

## Parent/Guardian Declaration and Consent

- I hereby give consent to my son/daughter \_\_\_\_\_ to take part in the Blessed 2 Bless Gospel Factor 2018. (Enter Name of Child)
- I give permission for my child's photographic/videography images in relation to the event to be used by Blessed 2 Bless in any promotional material. Yes  No
- I declare to the best of my knowledge and ability my child, is medically fit to take part in performances/activities related to Gospel Factor 2018.
- In the event of my child requiring emergency treatment I hereby give consent for the Blessed 2 Bless and Gospel Factor Team to seek emergency treatment for my child in my absence.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

(Please Print)

Address if different from the child: \_\_\_\_\_

Tel No. \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_