

East Riding Youth Dance

CONSENT FORM

Could you please confirm that you agree to photographs/video/dvd material being taken of your young person and that their name may also be used whilst they are taking part in the project. Photographs and names may be used by the East Riding of Yorkshire Council for publicity purposes in the press, for leaflets and on their websites.

As this is an ongoing project your consent will apply for as long as the young person takes part unless you inform us otherwise.

Young Person's Name:

Address:

..... Post Code

Email:

Emergency Contact Tel:

Emergency Contact Mobile:

Please let us know if your child is on any medication or has any condition of which we should be aware.

.....
.....

I give my consent/I do not give my consent (Please delete as appropriate)

Parent/Guardians Signature:.....

Parent/Guardians Name:

Date:

Please post to:
Michelle McCoy, Project Support Assistant,
Arts Development, ERYC, Council Offices, Main Road, Skirlaugh,
East Riding of Yorkshire, HU11 5HN.