



For kids who are bursting with creativity!

## Emergency / Personal Details Form

1: Please fill in the details below including the workshop/workshops you wish to book

	Childs name	Age	Workshop 1	Workshop 2
1				
2				
3				
4				

2: Please fill in 2 EMERGENCY contacts below

	Name	Relation to child	Phone Number
1 <sup>st</sup> Emergency contact			
2 <sup>nd</sup> Emergency contact			

3: Please state any illnesses, allergies or medication your child may have or need that we should be aware of

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4: Please fill in your current contact details, ie address, email for future contact

Name & Address	
Email	
Phone Number	

5: Create workshops uses photographs to promote their business. Please tick the statements below and sign, if you GIVE permission for your child to be included in any workshop photos.

\* I give my permission for my child/children's photograph to be taken during a workshop \_\_\_\_\_

\* I give my permission for my child/children photo to be used in some future publicity \_\_\_\_\_

Signed \_\_\_\_\_

**Payment details:**  
**Cheques made payable to' Createworkshops'**  
**Posted to:**  
**5 Breakwater Court**  
**Berry Head Rd, Brixham,**  
**TQ59AG**