



Registration Form

Parental/Guardian Consent Form

(All sections of this form should be completed)

1. Contact Details

Name of Choir Member: _____

Date of Birth: _____ Age: _____

Choir Member Phone Number: (M) _____

Parent/ Guardian Name(s): _____

Relationship to Choir Member: _____

Address: _____

Home and mobile number: (M) _____ (H) _____

All communication is via WhatsApp. Do you have access to WhatsApp? Yes NO

2. Emergency Contact Details

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

Name: _____ Contact Number: _____

3. Consent to participate in Choir Activities

The Loving Life Choir is based in a hall setting in the Barbican Centre, Drogheda and the activities will include indoor/outdoor choir events, fundraising, recording and shows. I give my permission for (name of Choir member): _____ to participate in a range of these activities where appropriate, provided by the Loving Life Choir.

I understand that I will receive notifications via WhatsApp, of the days and times of programmes. Where activities/programmes will take place outside the Barbican Centre, I will receive written notification in advance.

Parent/guardian signature: _____ **Date:** _____



4. Consent for Photographs / Video Use

During the activities run by the Loving Life Choir, choir organisers may take photographs or video footage. I understand these will only be used for appropriate display publication as approved by the management committee of the Choir project/service.

I consent to the use of images as described above

I do not consent to the use of images as described above (Please tick as appropriate)

Parent/guardian signature: _____ **Date:** _____

5. Medical / Other Needs

Please indicate if the above Choir Member:

A) Has any medical condition: _____

B) Is taking specific medication: _____

C) Has any special dietary needs: _____

D) Has other particular needs: _____

Name of family doctor: _____

Doctor's address: _____

Doctor's telephone number: _____

In the case of an emergency, choir organisers will do everything reasonable to contact the parent/guardian named above. In circumstances where medical treatment is required immediately and where it is not possible to contact those named on this form, I authorise any of the choir organisers of the Loving life Choir to refer _____ to a medical practitioner or emergency services on my/our behalf.

Parent/guardian signature: _____ **Date:** _____

Official Use Only

Received by: _____

Date: _____