


We're delighted that your child is joining our Young Artists programme. Please complete this consent form and return it to us as soon as possible; **your child will not be able to take part in the course until we receive this form.**

This is an interactive electronic form. You can fill it in and sign online. If you prefer to download the form in a pdf format and/or print a paper copy then you can follow this [link](#). In this case, please email your completed form to shortcourses@artacademy.org.uk or post it to Art Academy London, Mermaid Court, 165a Borough High Street, London SE1 1HR.

Child's Name *	<input type="text"/>
	Please write the whole name of participating child.
Child's date of birth *	<input type="text"/> 
	dd/MM/yyyy
Parent's / Guardian's name *	<input type="text"/> <input type="text"/>
	First Last
Parent's /Guardian's email address	<input type="text"/>
Parent's/ Guardian's phone number *	<input type="text"/>
Address	<input type="text"/>
	Street Address
	<input type="text"/>
	Address Line 2
	<input type="text"/> <input type="text"/>
	City State/Region/Province
	<input type="text"/>
	Postal / Zip Code

PERMISSIONS

Do you give permission to your child to leave the building unsupervised during breaks? *

Yes No

Do you give permission for your child to leave the building at the end of the day and return home unsupervised? *

Yes No

Does your child suffer from any medical conditions/allergies that the Academy should be aware of? *

Yes No

Comments (if any)

Do you give permission for us to take photos or videos of your child to be used in marketing material and online to promote our Young Artist courses? *

Yes No

EMERGENCY CONTACTS

Emergency Contact (Different from Parent's/Guardian's details above) *

<input type="text"/>	<input type="text"/>
First	Last

Mobile number (Different from Parent's/Guardian's details above) *

Relationship to child *

Emergency Contact 2 - Name

<input type="text"/>	<input type="text"/>
First	Last

Mobile number

Relationship to child

DECLARATION OF CONSENT

Please read the below carefully and sign to declare that you agree


- I agree to the above child taking part in the course on which they have been enrolled.
- I have read the course sheet and consent to the above child participating in all of the activities listed therein.
- I confirm to the best of my knowledge that the above child does not suffer from any medical conditions other than those listed above.
- I agree to the staff providing first-aid and/or seeking emergency medical treatment for the above child in case of emergency.
- I understand that the Academy accepts no responsibility for loss, damage or injury caused by or during the course except where such loss, damage or injury can be shown to result directly from the negligence of the Academy.
- I agree that the Academy cannot be held responsible if the above child does not follow up staff's instructions regarding safeguarding and Health and Safety.

Name *

<input type="text"/>	<input type="text"/>
First	Last

Contact email address *

Date

dd/MM/yyyy

Signature *

[Clear](#)

Review

Submit