

Registration form for “Young at ‘Art’” Group

Cool it Art

Name: _____

Address: _____

Telephone number: _____

Email address: _____

Are you happy to be photographed for use within Cool it Art or their partners publications, website or social media:

YES

NO

Are there any medical conditions we need to be aware of such as allergies etc

In case of emergency who should we contact for you?

I understand that by taking part in a group activity I need to be respectful of other people in the group otherwise I not might be allowed to continue to participate.

Signed: _____

Dated: _____