



## **Consent form**

**Name:**

**Date of birth:**

**Address:**

**Contact number for the young person (if applicable):**

**Carer's name:**

**Carer's contact number and email:**

**Emergency contact:**

**Social worker's name and number/email:**

**Does the young person have any additional medical needs that we need to be aware of?**

**Who will transport the young person to class?**

**Allergies:**



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I consent to participate in the Care to Dance programme:

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### **Consent for photographs/video use:**

I consent to photos and videos being taken of me during the programme for rehearsal purposes:

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### **Join our mailing list:**

If you would like to receive the latest news and updates on events and activities being offered by Care to Dance, please include your email below:

**Email:** \_\_\_\_\_