



## Parental Consent Form

Please complete the following, in confidence, and return with completed application form and payment, £10.00, to address below.

*Registered Scottish Charity No. SC033935*

I agree to my child/children attending 'Lochgoilhead Fiddle Workshop' Junior Workshop on

Saturday 2<sup>nd</sup> June 2012 1pm – 3.15pm

Name of Child/Children: .....

.....

Date/s of Birth: .....

Address: .....

..... Postcode: .....

Tel No: ..... Mobile: .....

Family Doctor ..... Doctor's Tel No: .....

Does your child/children suffer from any medical conditions/allergies that Lochgoilhead Fiddle Workshop should be aware of (including any current medication)

.....

Please provide details of medication that must be administered:

.....

Emergency Contact Name (if different from above).....

Emergency Contact Tel: .....

Relationship to child: .....

### CONSENT (please read carefully)

- a) I agree to my son/ daughter taking part in the activities of the workshop which may include being photographed for workshop purposes.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I understand that 'Lochgoilhead Fiddle Workshop' accept no responsibility for loss, damage or injury caused by or during attendance to this workshop except where such loss, damage or injury can be shown to result directly from the negligence of the Organisers.

Signed: ..... (Parent/ Guardian) Date: .....