**Personal details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family Name  *(Last Name)* |  | | | | |
| First name #1  *(Adult)* |  | First Name #2  *(Adult)* | | |  |
| First Name #3  *(Adult)* |  | First Name #4  *(Adult)* | | |  |
| Address | Postcode: | | | | |
|  | | | | | |
| Child #1 (First Name) |  | | | D.O.B #1 |  |
| Child #2 (First Name) |  | | | D.O.B #2 |  |
| Child #3 (First Name) |  | | D.O.B #3 | |  |
| Child #4 (First Name) |  | | D.O.B #4 | |  |
| Child #5 (First Name) |  | | D.O.B #5 | |  |
| **Contact Information** | | | | | |
| Telephone Home |  | | Mobile Number | |  |
| Email address |  | | | | |
| **Additional Notes** | | | | | |
|  | | | | | |

**Declaration to be signed**

|  |
| --- |
| **Data Protection:** Any data provided in this form will be stored and processed in accordance to the Data Protection Act 2018 and used for various administrative and health and safety purposes. |
| PHOTO CONSENT  I agree to photographs and/or video images being taken of the young people named above for use in project work. I also grant permission for any licence that may be required to permit the photographs and any adaptations being used in printed publications and marketing and advertising material including internet sites. I understand that I do not own the copyright of the images or contributions. Yes =  No =  **DECLARATION**  I would like to opt in to receive email communication (Powered by MailChimp). Yes =  No =  I would like to opt in to receive mobile text communication (Powered by TextLocal). Yes =  No =  By signing I am consenting to my information being held by the charity as a purpose of membership information in accordance with the charities privacy policy found online [**http://cotswolddownssyndrome.org/privacy-policy/**](http://cotswolddownssyndrome.org/privacy-policy/)this page also contains details of how to unsubscribe from any communication services.  **Signature of Parent/Carer: Print Name:**  **Date Signed:** |