**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 CONSENTI 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:** |