

# Afterschool Jewelry Class 2016-2017 1<sup>st</sup> Semester at ISB

## WAIVER FORM

*The information requested is for the safety and wellbeing of the participants, please answer all questions truthfully and accurately as possible.  
Please inform Afterschool Jewelry Class, in writing, if any changes occur to any of the information given.*

### PARTICIPANT DETAILS (Please Complete in BLOCK CAPITAL letters)

<b>Name</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>E-mail address</b>			
<b>Telephone number(s)</b>	<b>t:</b>	<b>m:</b>	
<b>Gender</b>	Male	Female	
<b>Date of Birth</b>	/	/	<b>Age:</b>

### MEDICAL INFORMATION

*We do not exclude because of medical needs. However it is essential that we have full details in order to offer the best standards of care*

<b>Do you have?</b> (Please tick ✓)	Asthma <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Heart Condition <input type="checkbox"/>
<b>Are you currently being prescribed any medication?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If YES please state details. i.e: times to be taken, dose etc)		
<b>Have you been in contact with or had any contagious or infectious disease in the last four weeks?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If YES then please give details:)		
<b>Have you had a tetanus injection in the last 5 years?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If YES then please give date:)		
<b>Any other medical information, dietary needs or food allergies:</b>				

### DISABILITY

<b>Do you consider yourself to have a disability?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>(Please tick ✓)</i>
<b>Do you require one to one support / assistance?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>(Please tick ✓)</i>
If yes, what is the nature of your disability?		
<i>(eg: Visual Impairment, Physical Disability, Multiple Disability, Hearing Impairment, Learning Disability or Other)</i>		

## **EMERGENCY DETAILS**

*In case of an emergency during the activity, please could you write down two contact names, addresses and telephone numbers?*

	<b>Contact 1</b>	<b>Contact 2</b>
<b>Name:</b>		
<b>Address:</b>		
<b>Telephone - Home</b>		
<b>Telephone - Work</b>		
<b>Telephone - Mobile</b>		

## **PARENTAL / GUARDIAN CONSENT & DECLARATION**

*I consent to the person named above participating in After School Jewelry .I recognise that the accompanying staff will be responsible for their supervision and care as far as can be reasonably expected. I understand that they will not be constantly supervised. I acknowledge the need for mature and responsible behaviour of the person named above and I believe that this can be expected of them.*

*I understand that there are risks and dangers inherent in participating and/or receiving instruction in After School Jewelry. I also understand that in order to allow the person named above to participate and/or receive instruction in this activity, I must give up my rights to hold the instructors or After School Jewelry liable for any injury or damage the person name above may suffer while participating and/or receiving instruction in the activity. I waive, release, and discharge the instructors and After School Jewelry from any and all claims on losses or liabilities of death, personal injury, and partial or permanent disability of any kind.*

*I agree to indemnify After School Jewelry, its representatives, agents & employees, from all liabilities in relation to loss or damage suffered or caused by the person named above which result in other than negligence of After School Jewelry or their representative or which result in the person named above failing to follow any reasonable instructions given to them.*

*I understand that photographs, audio and visual recordings of the participant engaged in After School Jewelry activities may be used for promotional and materials, such as websites, local and national media and I hereby given my permission for this.*

*I understand that the information given may be kept on a computer database, which will only be accessed by After School Jewelry. ~~complete that agree with the a~~  
the best of my knowledge.*

Parent / Guardian Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Relationship to the person named above \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Please note that After School Jewelry, its agents, employees and representatives cannot be held responsible for the loss or damage to participant's property and After School Jewelry reserves the right to refuse participation of any person if there are concerns raised by the response on this form, especially if it's due to misbehaviour of the young person.)*