**ENROLMENT/PHOTOGRAPHY AND MEDICAL CONSENT FORM**

**(Please complete the following in BLOCK CAPITALS)**

Class: ........................................... Venue: ..............................................

Date: .......................................................................................................

Forename: ..............................................................................................

Surname: ................................................................................................

Address: ......................................................................................................................................................................................

Postcode: ....................................................... Tel: ........................................................

Email: ......................................................................................... Gender: Male/ Female

Date of Birth: ............................................................................................

Emergency Contact Number(s): ..................................................................................................................................................

**Medical Information**

Does the participant have any medical conditions/allergic reactions we need to be aware of?

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Does the participant need to bring/take any medication with them? Yes/No

(If yes, please state medication and time: .............................................................................................................................................................)

Is there anything else we should be aware of to ensure your wellbeing? Yes/No

(If yes give details: .....................................................................................................................................................................................................)

I confirm that there are no known injuries/conditions that would prevent myself from taking part in UKCF classes, and/or risk the safety of the ***Teachers/other Participants***? Yes/No

I confirm that I have read and understood the terms & conditions online including the use and rights to photos/videos at **www.ukcfacademy.co.uk** and am happy to take part in UKCF classes. Yes/No

Parent/Guardian **or** Participant (18yr+) Name: …………………………………………………………………….

Signature: ..................................................................................................... Date: ..............................