



**WISE UP**  
WORKSHOPS

DRAMA / ART CLASS BOOKING FORM

YOUR NAME:

DATE OF BIRTH:

HOME ADDRESS:

YOUR EMAIL ADDRESS

WHERE DID YOU HEAR ABOUT WISE UP WORKSHOPS?

IN CASE OF EMERGENCY CONTACT DETAILS:

NAME

RELATIONSHIP TO YOU

TELEPHONE NUMBER

ANY ALLERGIES / MEDICAL CONDITIONS:

I DO/DO NOT GIVE PERMISSION TO BE FILMED OR PHOTOGRAPHED DURING THE WORKSHOPS AND FEATURED ON THE WISE UP WORKSHOPS WEBSITE & /OR FACEBOOK PAGE

I DO/ DO NOT GIVE PERMISSION FOR THE WISE UP TEAM TO ADMINSTRATE FIRST AID IF NEEDED AND UNDERSTAND THE TEAM WILL REPORT & RECORD ANY INCIDENTS.

I GIVE PERMISSION FOR MY CHILD \_\_\_\_\_ TO BE PICKED UP FROM \_\_\_\_\_ SCHOOL EACH WEEK BY THE WISE UP TEAM. IT IS MY RESPONSIBILITY TO LET THE TEAM KNOW IF MY CHILD IS ABSENT FROM SCHOOL.

YOUR SIGNATURE

PRINT NAME