



Membership Form

Name.....

Address.....

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Telephone Number.....

Email.....

Date of Birth.....

Parent/Guardian Signature.....

www.petersfieldacademy.co.uk



During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child/me being taken, I consent to them being used for educational purposes. Yes No

I understand that if my child is/I am easily identifiable (e.g. a close facial shot) I will be informed first. I consent to the images being used on the website Yes No

Signed..... (for participants under 18 years of age)
Person with parental responsibility

Signed..... (for participants aged 18 years or over)
Participant

Date.....

By Signing this form you give us permission should the need arise to administer emergency first aid by a trained first aider. Academy Volunteers are fully CRB checked. A copy of our Child Protection Policy is available on request.