

Registration Form



At BUZZ, the well-being of your child is important and we confirm that all reasonable precautions will be taken to ensure your child's safety and welfare. Please complete the details and familiarise yourself with the terms and conditions on www.buzzdrama.com. If any details change, please inform the Instructor without delay.

YOUR CHILD

Ref: Full Name:
Gender: Date of Birth:
Primary School:

BUZZ WORKSHOP

Trial Date: Time: Workshop:

PARENT / CARER

Ref: Full Name:
Home Phone: Mobile Phone:
Work Phone: E-mail:
Address:

EMERGENCY CONTACTS

Emergency Contact 1: Contact Tel No:
Emergency Contact 2: Contact Tel No:

OTHER ADULTS AUTHORISED TO COLLECT YOUR CHILD FROM BUZZ

Authorised Adult 1: Authorised Adult 2:
Authorised Adult 3:

HEALTH AND OTHER MATTERS

If your child has any allergies, needs any medication on a permanent basis, has a disability, must not eat particular foods or there are any other factors regarding your child which you think we need to be aware of, please ensure the details appear below.

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CONSENT OF PARENT/CARER TO EMERGENCY MEDICAL TREATMENT AND INDEMNITY

I give consent to any emergency medical treatment necessary during Buzz activities. My personal details will not be disclosed to any third party. I declare that the information is correct. I hereby declare that I shall not hold BUZZ or its instructors liable for any damage and/or injuries sustained by my child while he/she is participating in one of the BUZZ activities. I also undertake to indemnify BUZZ and its instructors against all claims by me and/or any third party, arising from any cause or action whatsoever, and will not hold BUZZ and/or its instructors liable for any injury or loss or any damages consequent thereto sustained while my child is in their care. I accept that BUZZ and/or its instructors will take every reasonable precaution to ensure the safety of my child. I fully understand and accept that all the BUZZ activities shall be participated in and undertaken at my child's risk.

Signed

Dated