

**BURTON ART GALLERY AND MUSEUM
CHILDREN'S WORKSHOP BOOKING FORM**

Name of Child	
Age	
D.O.B	
Parent/Guardian/Next of Kin	
Address	
Postcode	
Telephone (home)	
Telephone (mobile)	
Contact details if an Emergency	
Medical Conditions (if any) e.g. asthma, diabetes, allergies	
Doctor and Surgery address	

	Name of Workshop	Date of Workshop	Fee
1			
2			
3			
	Workshop Fee Total		

PTO

Updated 02/02/2010 - MC

**BURTON ART GALLERY AND MUSEUM
CHILDREN'S WORKSHOP BOOKING FORM**

I give consent for my son/daughter to be photographed during the course of the above event/activity and I consent to the photographs being used by Torridge District Council for bona fide promotional purposes. This also includes the use on the World Wide Web (internet).

Yes

No

I confirm that my son/daughter is in good health and I give consent for my son/daughter to participate in the above event/activity.

I consent to any emergency treatment required by my son/daughter during the course of the event/activity

I have read and understand the information provided about the proposed activity.

I understand that Torridge District Council will not be liable to him for any loss, injury or damage suffered, other than such as may be caused by negligence of the District Council or their employees.

I give permission for my child to take part in the above event or activity being held at The Burton Art Gallery and Museum.

Parent/Guardian Signature:

Date:

Applying for the Workshop: Please complete one booking form per person.

Places on workshops will be allocated on receipt of completed booking form and full payment, on a first come first serve basis.

Payment: Please make cheques payable to Torridge District Council. Alternatively please come into the gallery, with your completed application form and make payment by cash or credit/debit card.

Refunds cannot be given unless notification of non-attendance is received 48 hours prior to the commencement of the course. If the workshop or course is cancelled by the Burton a full refund will be given.

The information you provide will be used in accordance with the Data Protection Act 1998, to ensure the safety of all participants and may be shared with other people/organisations involved in the delivery of the above event/activity, if appropriate. By signing this form you are consenting to the Council using the information, which you have supplied in the manner stated above.

For office use only:

Date application received:			
Payment Received and Method	Cash	Cheque	Card – Credit/Debit