

Summer Art Camp 2017

I give permission for
to take part in the Expression Summer Art Club Activities. Workshops will be taking place at the shop 29 – 30 Palace St, Canterbury, Kent CT1 2DZ – 01227 765665. Please tick the workshops you would like your child to participate in from the list on the back of this consent form and return with payment to Expression.

Address.....DOB.....

Home telephone Number.....

Mobile number.....

Email Address for mailing list.....

Name of next of kin or person to contact in an emergency.....

Emergency contact number.....

PLEASE USE THIS SPACE TO INFORM US OF ANY MEDICAL CONDITIONS, FOOD ALLERGIES etc. WE SHOULD BE AWARE OF WHEN YOU TAKE PART IN THE TRAINING (travel sickness, regular medication, recent illness or operations, dietary requirements)

I give permission for photographs ofto be taken, and used in positive press and future publicity for Expression Interactive Arts Café.

- Used on Expression Arts Social Media.
- Used on Expression Arts Website.
- Used on posters for the shop to promote workshops in future.

Parent/Guardian (PLEASE PRINT NAME)

Parent / Guardian Signature:

Date:.....

29 - 30 Palace St, The Kings Mile, Canterbury CT21 2DZ
www.espression.co.uk info@espression.co.uk
01227 765665



Expression Arts

