

# The Circus Project

## Youth Participation Consent Form (Y1)

First Name (of student):	Surname (of student):
Full Name of Parent/Carer:	Student Date of Birth:
Address (including Postcode):	
Phone Number:	Mobile Number:
Email Address for Student (if applicable):	Additional Emergency Contact Name & Phone Number:
Email Address for Parent/Carer:	
Name and Address (including Postcode) of GP :	
Please tell us about this student's special dietary requirements, allergies, physical disabilities or medication that may impact on their ability to participate safely:	
<p>By ticking this box <input type="checkbox"/> you agree that:</p> <ul style="list-style-type: none"> <li>I understand that participation in circus, and related activities involves motion, rotation and height in a unique environment and as such carries with it the risk of injury. I am voluntarily allowing [students name] to participate in this activity with knowledge of the risks involved, and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I hereby release The Circus Project, its affiliates, personnel and volunteers from any liability for accidents while participating at The Circus Project;</li> <li>I hereby state that [students name] has no mental or physical conditions that prohibit full participation in circus related activities. I also agree to inform The Circus Project of any condition that The Circus Project personnel should be aware of in dealing with the student during normal activities or in case of any emergency;</li> <li>In the event of an emergency occurring when it is not possible to contact me or my additional emergency contact, I authorise The Circus Project to take necessary action in the best interests of [student name];</li> <li>I and the [student name] have read the student code of conduct and full Circus Project Youth Programme Handbook, and I am aware that terms outlined in these documents must be observed by students, and parents/carers;</li> <li>The Circus Project will not be responsible for any personal items brought to class;</li> <li>I give my permission for The Circus Project to use any photographs or videos of [student name] for promotional and fundraising purposes. I will not seek compensation of any kind from The Circus Project;</li> <li>I understand that the details disclosed on this form will be kept electronically, and a hard copy of this form kept for up to 1 year after [student name] discontinues any class participation;</li> <li>I understand that the contact details disclosed on this form will only be used to inform parents/carers about details related to the activities [student name] has enrolled onto.</li> <li><b>If you wish to be informed about other activities/events outside of the activities [student name] has enrolled onto please tick this box <input type="checkbox"/></b></li> </ul>	
Print Name:	Date:

Please return to: The Circus Project, Hangleton Community Centre, Harmsworth Crescent, Hove, BN3 8BW  
or email to [mail@thecircusproject.co.uk](mailto:mail@thecircusproject.co.uk) - Registered Charity Number 1107838