

União da Mocidade Registration Form

If you wish to participate in the project, it is **ESSENTIAL** that you complete this form. Without this information we cannot allow you to participate in any UDM activities. Please **PRINT** clearly in capital letters:

Participant Information:

FULL NAME DATE OF BIRTH
SCHOOL..... FORM/YEAR
HOME ADDRESS
PARTICIPANT MOB NO. (so we can text reminders).....
PARTICIPANT EMAIL
PARENT/GUARDIAN EMAIL
(please add bateria@udmsamba.com to your 'safe' list)

Emergency Contact Information:

NAME OF PARENT/GUARDIAN.....
EMERGENCY TELEPHONE NUMBERS (inc mob)
DOES THE PARTICIPANT HAVE ANY SERIOUS ILLNESSES OR ALLERGIES? Y N
PLEASE GIVE ANY NECESSARY INFO:

PERMISSION TO FILM/PHOTOGRAPH PARTICIPANTS: To comply with current Child Protection laws, we need your permission before we can use any visual images of your child. These would be for use on any promotional materials, including internet pages, and also as evidence to funders/sponsors that the project has taken place. Without this permission, we may have to ask your child not to participate in the project. We WILL NOT however, use your child's full name or any personal details in any publication without an additional request for your permission.

Declaration: I give permission for my child's image to be recorded and used in any publications produced by União da Mocidade or their immediate associates (funders/sponsors/partners) at any time, including after the project has been completed. I have read and understood the information provided above.

Signed parent/guardian..... Date

I confirm that to my knowledge, all the information on this form is correct and that I will inform you of any changes if appropriate.

Signed parent/guardian..... Date

Declaration: I give permission for my son/daughter to participate in all União da Mocidade rehearsals (once a month) and UK performances during their time with UDM without need for an additional permission slip and understand that information will be provided through email and text to myself and my son/daughter. I agree that though UDM will do their best to communicate with parents, my son/daughter should be responsible for telling me of his/her activities and whereabouts in relation to UDM *

Signed parent/guardian..... Date

*If you do not feel happy with signing this part of the form please call Tammy on 07974 424605

Please return to: your school samba teacher as soon as possible or email a pdf or image to bateria@udmsamba.com or post to:

União da Mocidade, 52b Alexandra Grove, London, N12 8HG