

Registration and Consent Form



THREADS Jump into June

Details of participant

Name: _____
Email: _____
Address: _____
Tel & Mobile: _____

The information on these forms is used internally to keep in contact with you, as emergency contact information, as photography and film consent, and for child safety and medical/ health and safety reasons.

Zoom Permissions & Code of Behaviour

Welcome to axis online, we hope that you will enjoy and contribute to the activity that you have signed up for. We promote good and kind behaviour that respect the creativity and development of all involved in programmes run in axis (online and in person) and expect participants to behave appropriately.

- Please be aware when joining a zoom class that you and your home will be visible on camera. This means that other members of the zoom meeting will be able to see and hear you.
- Please refrain from sharing anything that may cause harm or discomfort to other members of your zoom meeting.
- Please do the best to limit background noise during your meeting.
- Please keep children and other adults off screen.
- If you would like more information on zoom please contact us.

Sign below to confirm that you understand the nature of zoom and agree to the code of behaviour:

Signed: _____
Date: _____

Code of Behaviour & Privacy Notice

The information on these forms is used internally to keep in contact with you, as emergency contact information, as photography and film consent, and for child safety and medical/ health and safety reasons.

Please confirm that you have read axis' Privacy Notice and understand the reasons for requesting the personal information sought on this Registration form.

I consent to the collection and processing of the data given, for these purposes, by axis. I understand that I can request a copy of this information, and revise or withdraw my consent by contacting axis at any time.

Signed: _____ Date: _____

Medical Details

Please Note: this section is will be kept strictly confidential and is only for the purposes to cater for your needs should such a situation arise.

Do you suffer from any medical illness? Yes No
If yes, please give details: _____

Please state medication required _____

Do you suffer from any allergies? Yes No
If yes please give details. _____

Please state medication required. _____
Any other significant information? Yes No

If yes, please give details. _____