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**This consent form should be completed by the parent / guardian / carer and sent to** stef@rjcdance.org.uk **KEEP UP TO DATE WITH RJC DANCE SOCIAL MEDIA PLATFORMS
FACEBOOK: RJC DANCE TWITTER: @RJCDance** [**www.rjcdance.org.uk**](http://www.rjcdance.org.uk) **INSTAGRAM: @rjcdance**

**YOUNG PERSON’S INFORMATION**

|  |  |
| --- | --- |
| **Name of Young Person** |  |
| **Address** |  |
| **Postcode** |  |
| **Breeze Card Number** |  |
| **Start Date** |  |
| **Group Name** |  |
| **Young Person’s Mobile** |  |
| **Young Person’s email** **Parent’s email** |  |
| **Where did you find out about RJC Dance ?** |  |
| **School Name & Year** |  |
| **Age** |  |
| **Date of Birth** |  🞏 MALE 🞏 FEMALE  |

**THE COMPLETION OF THIS FORM WILL AUTOMATICALLY ENROL THE NAMED PERSON ABOVE AS A MEMBER OF RJC DANCE YOUTH PROVISION WITH THE DETAILED ACTIVITIES AND MUST BE COMPLETED BEFORE ATTENDING. NO YOUNG PERSON UNDER THE AGE OF 18 WILL BE ALLOWED TO TRAVEL OR PARTICIPATE WITHOUT THE PERMISSION OF THEIR PARENT/CARER/GUARDIAN.**

**BEHAVIOUR AND RISK**
I understand that whilst every care will be taken by RJC Dance staff, that they cannot be held responsible for any accidents that arise out of unreasonable and inappropriate behaviour of the above named person. I understand that if the above named persons behaviour is unreasonable that he/she may be returned home.

I am aware that some of the activities carry a risk and realise that this controlled risk is an important part of the educational/physical/social/cultural experience. (The staff will treat the safety of the above named person and that of others as being paramount to any other consideration) Risk Assessments are carried out by RJC Dance staff for all activities, which are revised as appropriate.

I agree to (Print full name of young person):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
taking part in activities organised by RJC Dance.
 **MEDICAL INFORMATION** Does the young person above suffer from any conditions requiring medical treatment? Or is taking any
medication including inhalers? YES🞏 NO🞏 If yes give details
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does the young person suffer from allergies requiring medical treatment? YES🞏 NO🞏 If YES please what treatment is needed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If the above named young person has been in contact with contagious/infectious diseases please inform staff immediately.
YES🞏 NO🞏 If yes please provide details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
If the above named young person has been in contact with COVID19 and/or is displaying symptoms please inform staff immediately. YES🞏 If yes please refrain from attending activity NO🞏
Has the above named person received a tetanus injection in the last 5 Years? YES🞏 NO🞏

**MEDICAL INFORMATION CONTINUED:** I agree to (Print full name of young person):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
receiving emergency treatment as considered necessary by the medical authority present.

|  |
| --- |
| **FAMILY DOCTOR INFORMATION** |
| Name: |  |
| Telephone Number: |  |
| Address  |  |
| Postcode |  |
| **FIRST EMERGENCY CONTACT: ( in the event of an emergency every effort will be made to contact you however)** |
| Name: |  |
| Telephone Number: | Home: Mobile: |
| Address  |  |
| Postcode |  |
| Relationship to young person |  |
| **SECOND EMERGENCY CONTACT: ( in the event of an emergency every effort will be made to contact you however)** |
| Name: |  |
| Telephone Number | Home: Mobile: |
| Address  |  |
| Postcode |  |
| Relationship to young person |  |

|  |
| --- |
| **Does the young person have a disability?**  |
| 00 No known disability |  | 07 An unseen disability, e.g. diabetes, epilepsy |
| 02 Blind/partially sighted |  | 08 Multiple disabilities |
| 03 Deaf/hearing impairment |  | 10 Autistic Spectrum Disorder |
| 04 Wheelchair user/mobility difficulties |  | 11 A specific learning difficulty e.g. dyslexia |
| 05 Personal care support |  | 96 A disability not listed above |
| 06 Mental health difficulties |  | 97 I do not wish to give this information |

Please outline any dietary needs of the above mentioned young person:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Can the mentioned young person swim at least 50 Metres? YES🞏 NO🞏
Are you happy for photos/video/audio recordings to be made of the mentioned young person? YES🞏 NO🞏
Would you agree to these being used in RJC Dance marketing, website and social media: YES🞏 NO🞏

**ETHNIC ORIGIN OF YOUNG PERSON**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 11 Asian / Asian British – Bangladeshi |  | 20 Mixed - White and Black African |
|  | 12 Asian / Asian British – Indian |  | 21 Mixed - White and Black Caribbean |
|  | 13 Asian / Asian British – Pakistani |  | 22 Mixed - Any other mixed back ground |
|  | 14 Asian / Asian British - Any other Asian background |  | 23 White British |
|  | 15 Black / Black British – African |  | 24 White – Irish |
|  | 16 Black / Black British – Caribbean |  | 25 White - Any other mixed back ground |
|  | 17 Black / Black British - Any other black background |  | 98 Any other |
|  | 18 Chinese |  | 99 Not known / Not Provided |

Tick this box if you agree to be contacted about RJC Dance classes, performances and activities.

**Do you consent to your information being added to our database and receive our newsletter:** YES 🞏 NO 🞏

**PLEASE NOTE ALL OF THE ABOVE INFORMATION WILL BE TREATED SECURELY AND IN THE STRICTEST CONFIDENCE**We hold your contact details in order to send you electronic communications, safeguard your child and inform you of RJC Dance performances and activities. We will ensure that these are held securely. We will not share your details with any other organisation unless compelled to do so or to adhere to public funding agreements including Leeds City Council, Arts Council of England. We will only ever get in touch via email/ telephone/ face to face/ letters, and we’ll make sure that everything we send to you is relevant to the Youth Provision services and activities. We will hold your information until such time as you request us to stop doing so, or for as long as RJC Dance produces our current service. You can ask us to stop using your information whenever you like. If you would like to unsubscribe from our emailing lists please email: stef@rjcdance.org.uk

|  |  |
| --- | --- |
| Parent/Carer Signature: |  |
| Print Name: |  |
| Date: |  |
| Mobile: |  |
| Email: |  |



**COVID 19 ADDITIONAL INFORMATION FOR PARENT/GUARDIAN/CARER & CHILDREN/ YOUNG PEOPLE**

In support of the COVID19 safety measures we are observing a one way system on entering and exiting the Mandela Centre. On entering the building (carpark entrance) please ensure that everyone completes the COVID19 signing in sheet, which will be found at the foot of the stairs to the studio. Prior to entry of the dance studio, we will take participants temperature and continue observing social distancing in the studio within the sessions. **Risk assessment guidelines are displayed in the building.**Participants must sanitise hands prior to entering the studio and leaving the studio. At the end of each session participants are to exit via the (fire exit) back stairs of the studio and rear fire exit door (at the foot of the stairs to the left) of the Mandela Centre.

If a young person, parent/ carer/ guardian, staff member are self-isolating, or have displayed symptoms within 10 days prior to any visit to the Mandela Centre, or have been in a household or had contact with someone who has displayed symptoms within 10 days prior to your arrival, then they **must not** attend the Mandela Centre RJC Dance/Youth Provision sessions. Also if any individual displays symptoms during their visit, they will be required to withdraw from the group/session to leave site immediately. If the individual such as a child/ young person needs collection by a family member then RJC Dance will provide a safe isolation room for the waiting period.

**PARTICIPANTS WORKING AGREEMENT
Developed with RJC Dance Youth Provision Members**

**Clothing and Personal Possessions**

* ALL MOBILE PHONES TURNED OFF AT THE START OF ALL SESSIONS (no vibrating phones allowed on).
* NO HATS – LONG HAIR TO BE TIED BACK
* NO JEWELLERY
* WEAR SUITABLE LOOSE AND COMFORTABLE CLOTHING
* BARE FEET, GROUP T-SHIRT, YOUTH PROVISION HOODY, TRACKSUIT BOTTOMS, LEGGINGS
* DO NOT TOUCH OR REMOVE OTHER PEOPLE’S PROPERTY
* DO NOT BRING ANY VALUABLES WITH YOU

### Personal Conduct

* NO BULLYING
* NO PHYSICAL CONTACT WITH OTHER PARTICIPANTS
* NO SWEARING
* NO EATING IN SESSIONS OR DURING PERFORMANCES
* DO YOUR BEST ALL OF THE TIME
* BE ON TIME FOR ALL SESSIONS AND PERFORMANCES
* IF YOU KNOW YOU ARE GOING TO BE ABSENT OR LATE FOR A SESSION OR PERFORMANCE/ACTIVITY RING/TEXT RJC DANCE OFFICE/MOBILE: 0113 2392040/ 07783403619 who shall pass the information on to the Tutor at the earliest opportunity.

**Group Conduct**

* LISTEN TO EACH OTHER
* RESPECT EACH OTHER
* SUPPORT, ENCOURAGE AND WORK WITH EACH OTHER

#### Confidentiality

* ALL DISCUSSIONS IN THE GROUP, BETWEEN INDIVIDUALS AND MEMBERS OF STAFF AND TUTORS AT SESSIONS AND PERFORMANCES ARE STRICTLY CONFIDENTIAL UNLESS TO DO WITH WELFARE OF THE YOUNG PERSON THEN PARENTS/CARERS/GUARDIANS WILL BE INFORMED.

#### Injuries and Accidents

* REPORT ALL PERSONAL INJURIES TO THE TUTOR AT THE START OF EACH SESSION OR PERFORMANCE
* REPORT ALL INJURIES RECEIVED IN A SESSION OR PERFORMANCE TO THE TUTOR

FAILURE TO ARRIVE ON TIME WITHOUT PRIOR NOTIFICATION MAY RESULT IN YOUR EXCLUSION FROM THE SESSION OR PERFORMANCE

**I AGREE TO THE WORKING AGREEMENT:**

|  |  |
| --- | --- |
| **Print Name of Young person:** |  |
| **Signature:** |  |
| **Print Parents/ Carers/Guardians Name:** |  |
| **Signature & Date:** |  |

**This form should be completed and sent to** **administratorjcdance@icloud.com** **at least one week before your session is due to commence**