

YOUNG CREATORS

PARENT / GUARDIAN REGISTRATION & CONSENT FORM

Please complete all sections and return to us by email. This information helps us keep your child safe, provide the best experience and stay in touch with you.

1. YOUNG CREATOR DETAILS

Child's full name:

Date of birth:

Preferred day(s): ☐ Monday ☐ Wednesday ☐ Friday

Team (please choose one):

☐ Make Music (Recording) ☐ Create Content (Media)

2. PARENT / GUARDIAN DETAILS

Full name:

Relationship to child:

Phone number:

Email address:

Home address:

3. EMERGENCY CONTACT (If different from above)

Name:

Relationship to child:

Phone number:

4. MEDICAL / ADDITIONAL INFORMATION

Does your child have any medical condition, additional need, medication, or other information we should be aware of to help keep them safe and supported during sessions?

- ☐ No
- ☐ Yes – please provide details:

5. GOING HOME

How will your child be leaving after the session?

- ☐ My child will be collected by a parent/guardian or nominated adult.
- ☐ I give permission for my child to leave independently after their session.

6. PHOTO / VIDEO CONSENT

We may take photos and videos during sessions for use on our website, social media and promotional materials to showcase Young Creators and Ziah Production.

- ☐ Yes – I give permission for my child to be photographed and filmed, and for this content to be used by Ziah Production.
- ☐ No – I do not give permission for my child to be photographed or filmed.

7. MARKETING COMMUNICATIONS (OPTIONAL)

We would like to keep you informed about future Young Creators sessions, events and other Ziah Production activities.

- ☐ Yes – please email me about future opportunities.
- ☐ No – please do not send marketing emails.

8. DECLARATION

I confirm that the information provided on this form is correct to the best of my knowledge. I give permission for my child to take part in the Young Creators programme at Ziah Production.

I understand that it is my responsibility to inform Ziah Production of any changes to the information above.

Parent/Guardian name:

Signature:

Date: