



Modo - Circus with Purpose
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Modo - Circus with Purpose is a recognised Scottish charity: No. SC023579 • Registered in Scotland :No. 157362 • Registered office : 15 Erroll Street, Peterhead, Aberdeenshire, AB42 1PU

Parental / Guardian Consent Form – Mod0 2019

This form is to give the named participant permission to take part in workshops, rehearsals and events with Mod0. Please note that some rehearsals may take place outdoors or require travel to other locations.

Mod0 has extensive experience of youth engagement projects in the North East. More info can be found on our Facebook page (search for **Mod0-Circus with Purpose** or **Mod0 Scotland**) or on our website at www.modo.org.uk

Photographic images and video footage may be taken during workshops, rehearsals and events. This will be used for archival and promotional purposes only and may appear on printed promotional materials, reports, public displays, our website and other similar media. By filling in this consent, you are giving permission for the young person named below to participate in Mod0 events and to feature in the documentation of the projects.

In order to register participants for accreditation and awards, Mod0 needs to input details on this form to various award bodies. This form acts as consent for Mod0 to register and update participants' records as appropriate.

In the case of an emergency, by signing this form, you consent to your child receiving whatever medical treatment is deemed appropriate to their condition, including where necessary the administration of relevant anaesthetics.

Mod0 is fully ensured for all the activities it leads, and all staff have enhanced disclosures. If you have any questions contact Mod0 on 01779 600 020 or martin@modo.org.uk

Name of Participant _____

Group (if applicable) _____

Date of Birth _____

School/college attended _____ Year: _____

Address _____

Postcode _____

Contact No _____

e-mail _____

Telephone number(s) where parent/guardian may be contacted: _____

Other (e.g. neighbour/friend): _____

Any medical conditions or additional support needs we should be aware of?

 I confirm that the information provided is correct to the best of my knowledge, and I consent to this information being held on Mod0's database. I understand that only appropriate information will be shared with others in accordance with the General Data Protection Regulation 2018.

Name of Parent/Guardian: _____ (BLOCK CAPITALS)

Signature: _____ Date: _____