SCAPA Booking form

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| --- | --- |
| Name of student: |  |
| Age of student: |  |
| Address: |  |
| Contact details and telephone number (in case of emergency): |  |
| Email address:  (please write clearly) |  |
| Name of SCAPA School: (Poole Sat, QE Sat, Poole High Mon, St Michaels Tues, Parkstone Grammar Thurs) |  |

Please list any allergies, medical (inc any medication and consent to administer), physical or learning needs:

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| --- |
|  |

This information will remain confidential in line with SCAPA’s GDPR policy and only shared amongst staff where necessary to best support the participant. A copy of the GDPR policy can be found on our website. Please indicate you agree to us using your data in this way: Yes [ ] No [ ]

I grant permission to South Coast Academy of Performing Arts for the use of photographs of to be used for appropriate use (publicity, including social media, copyright purposes, illustration, advertising and web content) Yes [ ] No [ ]

Please email this form to [info@scapa.biz](mailto:info@scapa.biz)

Payment details are below:

South Coast Academy of Performing Arts

Acc no: 26175282

Sort code 54/21/30