

Registration Form – Comic School

Name of child:	
Name of parent or guardian:	
Address:	
Emergency Name & Contact Number 1:	Emergency Name & Contact Number 2:
Email address:	
Child's Date of Birth:	
Please indicate any medical conditions or access requirements we should be aware of:	
Please indicate if you give permission for photographs to be taken and video footage to be filmed of the young person named above whilst taking part.	
Signed:	Print Name:
Date:	

Small Hall, Ardler Complex, Turnberry Avenue, Dundee

Date	Time	Will attend
Thursday 26 th July	1.30-3.30pm	
Wednesday 1 st August	11-1pm	
Thursday 9 th August	1.30-3.30pm	

