



Poetry Competition 2010 Entry Form

Category of Entry under 11/under 18/Adult	
Name of School	
Contact Teacher	
Contact Telephone Number	
Contact Email Address	
Name of Entrant	
Age of Entrant	

Parental /Guardian Consent Form

Participant's name/s _____ Age/s _____

Name of Parent or Guardian (if entrant under 16 yrs) _____

Contact address _____

Contact telephone number _____

Emergency contact during the activity: name _____

tel _____

Any Special requirements for: _____

Medical Data Is there any medical or other consideration that it would be useful for us to know about? YES /NO

Please ensure inhalers and other medication with child if required

If YES please give details

Photograph Consent

I consent to myself (if 16 years or over) or my son/daughter being photographed or videoed during the activities, and am aware that photographs or videos may appear in the local newspapers, for retail sale and/or on the John Clare Trust website and media player.

Voice Recording Consent

I consent to myself (if 16 years or over) or my son/daughter being audio recorded during the activities, and am aware that audio recordings may be made available for retail and or on the John Clare Trust website and media player.

Yes/ No

Acknowledgement / Consent

Signature of participant (if 16 years or over)

I consent to my son/daughter's participation in the
Signature of parent or guardian (if under 16 years old)

Date _____

Please mark the box if you would not like to receive postal correspondence from us e.g. newsletters, information about events etc. Otherwise, we will store your contact details safely and confidentially on our database.

Equal Opportunities Monitoring.

The following two questions are strictly confidential, are for equality monitoring purposes only and bear no relation to the judging of the Competition.

Please tell us your age Please tell us your ethnicity