



MAGIC SCHOOL REGISTRATION FORM 2021

Thank you for buying tickets to the Magic School!

To help us plan Magic School it is important that each child is registered in advance. Please complete all of the details below, using a separate form for each child you wish to register.

Date and Time of Magic School booked:

One-off workshop					
Fri 17 th Dec	2pm-4.30pm	<input type="checkbox"/>	Tue 28 th Dec	1pm-3.30pm	<input type="checkbox"/>
			Wed 29 th Dec	1pm-3.30pm	<input type="checkbox"/>

Child's Personal Details:			
Last Name:	First Name(s):		
Age:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Home Address:			
Post Code:			
Details of Parent/ Guardian/ Carer:			
(1) Name:			
Email address (please print):			
Relationship to child:			
Mobile telephone:	Home Telephone:		
(2) Name:			
Email address (please print):			
Relationship to child:			
Mobile telephone:	Home Telephone:		
First contact in an emergency:			
Name:			
Relationship to child:			
Telephone 1:	Telephone 2:		
Medical Information:			
Please note, juice and biscuits are provided during the break. Please let us know about any allergies/ food issues:			
Please let us know of any medical conditions we should be aware of:			
Doctors Name:	Telephone:		
Special Needs: If you tick "yes" in the boxes below we will be in touch with you directly to discuss the support needs of your child.			
Moderate Learning Difficulties (MLD)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Physical - Sensory Special Needs	YES <input type="checkbox"/> NO <input type="checkbox"/>
Severe Learning Difficulties (SLD)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Emotional and Behavioural Difficulties	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other (please specify):			



Authorisation for pick up:

Your child will only be released to an **authorised person listed on this form** (parent/ guardian and/or emergency contact). In case of an emergency or any unforeseen circumstance, please indicate the name, address and phone number of any other person(s) who you authorise to pick up your child on your behalf.

Name:	Telephone Number:
Name:	Telephone Number:
Name:	Telephone Number:

A parent/ guardian’s verbal authorisation for pick up must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

Consent

1. Retention of data. Please note that data given to us re your child will be destroyed after Edinburgh International Magic Festival 2021, except where an issue has arisen regarding health and safety, in which case this form will be held on file until the issue has been resolved.
2. Magic School team will make every effort to ensure the safety and enjoyment of your child. However, if an accident or injury occur as a result of your child disregarding advice and instructions from a team member then the organisers of Edinburgh International Magic Festival cannot be held responsible.
3. In the event of an emergency where the Festival is unable to contact any of the emergency contacts I agree to the Magic School team authorising life saving emergency medical treatment.
4. Festival official photographers will be taking videos and pictures which may be used in future publicity – please let the Magic School Team know if you do NOT wish your child to be photographed or filmed.

Having read and agreed to the points above I hereby give my consent for my child to attend the Magic School.

Print Name:	Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Carer <input type="checkbox"/>		
Signature:	Date:		

Please tick if you would like to hear from Edinburgh International Magic Festival next year.

Please complete this form and return it as soon as possible. You can either email it to

info@magicfest.co.uk or post to:

Edinburgh International Magic Festival, 12 Eildon street, Edinburgh, EH3 5JU