**Madhapar Workshop 2025 - PARTICIPANTS REGISTRATION FORM**

Please Return this form to one of the KMC Workshop Team member

**All participants MUST be Madhapar Gaam member**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Male [ ] Female [ ]

**Do you have any Medical Condition YES /NO**

**Full medical condition must be disclosed with health plan if needed**

Medical condition recorded in weekly register and to WVY by Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date recorded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(One parent/guardian nominated by parent, MUST remain at the venue to supervise and support their own child in the event of a medical emergency, administering medication, using the toilet facilities. Workshop volunteers will not be responsible for your children in these areas)**

Emergency Contact Name/Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I/we accept that Kutch Madhapar Community (UK) may use my details for analysis purposes. I/we accept that my picture(s) and any video(s) featuring myself may be used in the promotion of Kutch Madhapar Community (UK). I/we have read and understood the rules and regulations of Kutch Madhapar Community (UK) workshop.**

**I/we understand not all Workshop Team Volunteers will hold a DBS check and agree to my child/children to be the parent/s or nominated guardian’s responsibility for the duration of the dance workshops. I/we understand that THAT THIS DOCUMENT WILL BE KEPT WITH WORKSHOP LEADER IN A LOCKED DRAWER.**

Are you a member of Kutch Madhapar Community (UK) YES / NO

Do you want to take part in Workshop YES / NO

Do you want to take part in Non/Workshop YES / NO

(Non workshop item MUST be approved by Workshop Team)

|  |  |  |
| --- | --- | --- |
| **Participant’s Signature** | **Parent/Carer/Guardians Signature if under 18** | **Date** |
|  |  |  |

**Workshop Team Leaders:**

Shantaben Siani Email@*shanta.siani@madhapar.uk* Manjuben Khokhani Email@*manjula.khokhani@madhapar.uk*