



South Leeds
Community Radio



Registration Form - Summer 2009

WORKSHOP:	LOCATION:
DATES:	GENDER: MALE / FEMALE
SURNAME:	FIRST NAME:
ADDRESS:	DATE OF BIRTH:
	MOBILE NO:
POSTCODE:	E-MAIL ADDRESS:

PARENTAL/CARER CONSENT:

I hereby give my consent that the above named person may participate in the "TURN IT UP" workshop detailed above.

I agree to the photographing, recording and/or broadcasting of the contribution(s) made by..... (young person's name) whilst attending the above workshop on the dates as mentioned above and hereby give all consents necessary for the reproduction, exhibition, transmission, broadcast and exploitation thereof for all time and by all means and media (whether now known or hereafter invented) without reference, liability or acknowledgement to me.

Signed: Print name:

Date: Relationship to young person:

.....

Please return completed form to South Leeds Community Radio/Leeds Eleven FM,
Hillside, Beeston Road, LEEDS. LS11 8ND