

## **Entry Form**

| Entrant's Name:  | Date of Birth:  | Current School Year: |  |
|--|---|----------------------|--|
|  |   |                      |  |
| Name of parent/guardian/carer  | Email of parent/guardian/carer:                             |                      |  |
| Home Address, Post Code and Home Tel No:   | Email of entrant:   |                      |  |
|  | Mob No. of entrant:   |                      |  |
|  | Mob No. of parent/guardian/carer:                           |                      |  |
| Any allergies? (e.g. nuts, latex, plasters, etc.) Yes/No                         | If Yes, please detail and describe what action is required? |                      |  |
| Anything else we should be aware of? (e.g. access issues, religious needs, etc.) |   |                      |  |
| School/College:  |   |                      |  |
| Contact Person on 25.02.17:  | Mob No.:  |                      |  |

## I, the parent, guardian or carer of the above entrant give permission:

- a. For the named person to take part and be identified in the competition YES/NO
- b. I agree that my child adhere to all kitchen safety instructions. Also that they will wear sensible safe shoes in the kitchen. YES/NO
- c. I give my consent for the entrant to be given First Aid treatment by a member of the team in the event that an accident occurs. You will be informed if any treatment was necessary. YES/NO
- d. For photographic/video records to be taken and used for publicity purposes in printed, electronic and online formats YES/NO
- e. In signing this form, I allow permission for contact to be made for public relations purposes YES/NO
- f. I give my consent for the details you have completed above to be used in our databases. These will be stored securely and only used for the purposes of contacting your family regarding this Junior Chef competition. We will not pass on these details to any third party except in the case of emergency. YES/NO

(Not agreeing to (d) and (e) does not preclude the individual from entering the competition.)

| Entrant's Name (print)       | Entrant's signature               | Date |
|------------------------------|-----------------------------------|------|
| Parent/guardian/carer's Name | Parent/guardian/carer's signature | Date |

CLOSING DATE FOR ALL ENTRIES AND MENU SUBMISSIONS IS FRIDAY 10<sup>TH</sup> FEBRUARY 2017

Please return by post or email to: Junior Chef, Susie Taylor, 35 Ickleford Road, Hitchin, SG5 1TR or <a href="mailto:susie@utilise-bc.co.uk">susie@utilise-bc.co.uk</a> For any questions or queries, please get in touch on 07961 392039.