

Guardianship Declaration for under 16's.

To be completed by Parent

I confirm that my son/daughter will be attending the Essex Easter Jazz Course 2016 and understand that Essex Easter Jazz do not take on the role of Guardian during any part of the course.

As indicated in the signup form I have arranged for my child to attend under the care and supervision of:

(Name of Guardian) _____

Print name of parent _____

Parents Signature _____

Date _____

To be completed by Guardian

I confirm that I am happy to act as Guardian for _____ for the duration of the Essex easter Jazz Course 2016 and understand I will be fully responsible for their duty of care for the duration of the course. I further understand that Essex Easter Jazz do not take on the role of Guardian during any part of the course.

(Name of Guardian) _____

Guardian Signature _____

Date _____

Please please scan and email your completed form to tilly@essexeeasterjazz.com or post to:
32 western rd, Benfleet, Essex, SS7 2TN.