



Project Registration and Consent Form

This form must be completed and returned prior to participation in the Webcom Project.

Club/Group Name: _____

Address: _____

_____ Postcode: _____

Tel No: _____ Fax: _____

E-mail: _____ Mobile: _____

Leader in Charge: _____

Email: _____ Mobile: _____

Participants:

_____ Email: _____

_____ Email: _____

_____ Email: _____

Have you received consent for each person under your supervision who wishes to participate in this project? Yes ☐ No ☐

I confirm that all participants are appropriately and adequately insured to participate in the Webcom Project.

I have read the relevant Project Information & Specification and agree to _____'s (insert Club name) participation in the Project.

Signed: _____ Position: _____

Print Name: _____ Date: ____/____/____

INVOICE NO		DATE PAID	RECEIPT NO
CLUB REG		1 ST TRAINING SESSION	
REC'D		2 ND TRAINING SESSION	