**Power of Play Zoom Sessions**

**Registration Form**

*Please complete by 12 noon prior to the day of the selected session and email to* [*info@powerofplay.lk*](mailto:info@powerofplay.lk) *along with the deposit slip of payment to confirm registration.*

|  |  |
| --- | --- |
| **Name of participant(s)** |  |
| **Age of participant (s)** |  |
| **Name of Parent/Guardian** |  |
| **Contact number** |  |
| **Email** |  |
| **Total payment due** |  |

*Please calculate and fill the amount due according to the number of sessions selected below. Please deposit total payment due to the bank account details provided in the guidelines document.*

**Fees - (*Please refer guidelines document for full information per workshop)***

Fee per participating child included in the age category

* Rs. 750/- per session – for one-off sessions
* Rs. 500/- per session – for bulk payments of Rs. 2000/- or more

***Please highlight the workshop and the number of sessions selected;***

**NOVEMBER 2020**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date, Day and Time** | **Title of workshop &**  **Age Group** | **Facilitator(s)** | **No: of sessions** | | | |
| 3rd, 10th, 17th & 24th  Tuesdays  10.30-11.00am | **Sing & Play**  **(1-3+ years)** | Sulochana Dissanayake  Palitha Abeyrathna | 1 | 2 | 3 | 4 |
| 3rd, 10th, 17th & 24th  Tuesdays  4.00-4.30pm | **Sri Lankan Folk Tales**  **(3-12 years)** | Sulochana Dissanayake  Sankha Jayalath | 1 | 2 | 3 | 4 |
| 5th, 12th, 19th & 26th  Thursdays  10.30-11.00am | **Craft with Kidspace**  **(4-12 years)** | Ranjula Mendis | 1 | 2 | 3 | 4 |
| 5th, 12th, 19th & 26th  Thursdays  4.00-4.30pm | **Drama and Storytelling**  **(7-12 years)** | Thiwanka Ranasinghe | 1 | 2 | 3 | 4 |

***Note:***

Depending on the interests and age of your child/children, you can sign up for all 4 sessions of each workshop offered OR mix and match sessions from different workshops.

**Consent Requirements:**

Please note it is compulsory to fill the consent form attached below to confirm registration.

Please add your digital signature or print your initials and surname to provide consent for your child to participate in zoom sessions.

**Power of Play Consent Form**

**Please read this form carefully.** It sets out the terms on which you agree to the **Power of Play PVT LTD** taking photographs and/or making video or audio recordings of you and using those photographs or recordings. **Please complete, sign and email this form to** [**info@powerofplay.lk**](mailto:info@powerofplay.lk)

|  |  |
| --- | --- |
| Name ………………………………………………………………………………...… (of the participant) | |
| Age (if under 18) ………………………………… | Date of Birth (if under 18) ………………………………….… |
| Event: Power of Play ZOOM sessions | |

I hereby:

* agree to the Power of Play PVT LTD photographing and/or recording me and give permission to the Power of Play PVT LTD to use any material in the photographs and/or recordings where the copyright or any other rights are owned by me;
* confirm that the Power of Play PVT LTD shall be entitled to use, free of charge, the photographs and/or recordings made of me (without having to identify me by name), in their original format or edited, adapted or altered, for the purposes of the Power of Play PVT LTD’s internal and external promotional and publicity materials and for any programmes, publications, websites, electronic publications and social media services worldwide produced by or on behalf of the Power of Play PVT LTD; and
* agree that the Power of Play PVT LTD shall be entitled to pass the photographs and/or recordings of me, and my name, to external press and media agencies, publishers and broadcasters, and to partners and other third parties with which the Power of Play PVT LTD works, anywhere in the world, for the purposes set out in this Consent Form.

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| --- | --- |
| **IMPORTANT NOTICE: *TO BE COMPLETED WHERE THE INDIVIDUAL IS UNDER THE AGE OF 18***  **As the Subject’s Parent / Guardian, I hereby agree to the terms set out in this Consent Form**  Name of Parent / Guardian  **…………………………………………………………………….…………………………** | |
| Signature  ………………………………………….…………………………………………………………………………. | |
| Tel. | Email |