



Dr Pooja Joshi's



Registration Form and Declaration

Participation Information

About the participating child:

Name:

Date of birth:

Language preferences:

Child's Interests:

Child's Allergies:

Emergency Contact (Name and Phone Number):

Parent/Legal Guardian's Name :

Relation to the participating child:

Telephone /Mobile:WhatsApp Participation: Y/N

Email address:

Address:

Please tick the dates and times for participation:

	Date	Name of the Workshop	Session (AM/PM)		Cost
<input type="radio"/>	26.09.20	Microscopic City	10 -12	14 -16	€ 25
<input type="radio"/>	27.09.20	Microscopic City	10 -12	14 -16	€ 25
<input type="radio"/>	07.11.20	Twinkle, Twinkle Little Star	10 -12	14 -16	€ 25
<input type="radio"/>	08.11.20	Twinkle, Twinkle Little Star	10 -12	14 -16	€ 25
<input type="radio"/>	05.12.20	How to be a Detective!	10 -12	14 -16	€ 25
<input type="radio"/>	06.12.20	How to be a Detective!	10 -12	14 -16	€ 25
<input type="radio"/>	30.01.21	The Great Insect Rescue	10 -12	14 -16	€ 25
<input type="radio"/>	31.01.21	The Great Insect Rescue	10 -12	14 -16	€ 25

*****Please send the completed registration form and the declaration by email, pooja@rotor-lab.com, or on WhatsApp +49 1748713793 (at least 3-4 days prior to the workshops)*****

Payment Details:

Dr Pooja Joshi
Philipp-Reis Str. 20, 69115 Heidelberg
pooja@rotor-lab.com / 01748713793
Steuer-nr: 32439/27140

Commerzbank Heidelberg, IBAN: DE35 6724 0039 0310 2886 00, BIC: COBADEFFXXX

OR PayPal: poojabook@gmail.com

Important Information:

- ✓ Workshop Venue: Dezernat 16 - 2nd Floor, Address: Emil-Maier Str. 16, 69115 HD.
- ✓ Included in the workshop – Activity book, activities to take home, and packaged snack for the break. We will only provide packaged food (no fresh fruits or drinks as in the past workshops) and we request you to send sufficient drinks for your child.
- ✓ It is mandatory for all present to wear a plastic visor/face-shield during the course of the workshop. You can either bring along your own face-shield, or one will be provided for the participating child at the price of €1 per workshop to cover rental and disinfection costs.
- ✓ Health declaration will have to be signed by the parent/legal guardian on the day of the workshop, a sample of which can be found at the end of this registration form.

Declaration

(to be signed by Parent/Guardian of the Child)

- A) In consideration of the registration of our child at The Rotor Lab Workshops, I/we, for the said child, hereby release Dr. Pooja Joshi from all liability for injury to the child, in excess of the amount payable under any insurance carried by Dr. Pooja Joshi.
I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child and I hereby authorize the workshop organizers to contact the nearest medical care facility and to secure necessary treatment for my child.
- B) To secure a place for your child at The Rotor Lab Workshops, a non-refundable fee for the workshop is to be paid at least 72 hours in advance, before the date of the workshop. If a workshop has been booked for your child in writing via WhatsApp or email confirmation, you will be liable to 100% payment of the total fees of the booked workshop. Cancellations within 72 hours prior to a booked workshop will be liable to 100% payment of the total fees for the said workshop.
Organisers reserve the right to cancel the workshops due to any extenuating circumstances and the workshop fees shall be refunded.
- C) General Conditions of Participation
1. All rights of the materials created during the workshop (e.g. photos, videos and other media) are reserved by the organizer and sponsor.
 2. By signing this registration form I declare that I have read and agree to consent to the collection and processing of the personal data mentioned above by The Rotor Lab Workshops. The purpose of processing the data is to gain a better understanding of processes of the workshops. The following data will also be used, anonymized, for the purpose of internal monitoring: age, gender, level of participation, and progression through our training. Information such as surname, first name and address data of the participant will not be passed on to any third parties.
 3. The above information has been provided voluntarily and may be revoked at any time in the future or may be corrected. Without consent to this, participation in the workshops is not possible.
 4. By signing this registration form, I declare that I agree that photos may be taken or video sequences recorded and stored during the course of the workshop, in which the participant may be recognized. The pictures and videos will be made available on our homepage, Facebook, Instagram, WhatsApp group, in respect to reporting about the workshop, documentation, future advertising and processing of information materials. I declare that I also agree, that photos and videos in which the participant can be recognized, may be used to improve the workshop may be passed on to current/future sponsors. I have understood that if I should not agree to the inclusion of any photograph or video on which the participant can be recognized, or that these are published or passed on to third parties, this must be given by written notice before the start of the workshop. My consent is voluntary and can be revoked at any time. The participation is also possible without my permission to take photos or video sequences on which the participant can be recognized.

Signature of Parent/Legal Guardian (Place, Date) _____

Health Declaration

(to be signed by Parent/Guardian of the Child)

Name of participating child: _____ Date of Birth: _____

I hereby confirm with my signature that the participating child – (please circle)

... has not had contact with an infected person in the last 14 days	Yes / No
... or the persons living in the household does not show any symptoms of Covid-19 disease (e.g. impaired smell and taste, increased temperature, cough, etc.)	Yes / No
... has visited a place with increased incidence of Covid-19 cases in the past 14 days.	Yes / No

Signature of Parent/Legal Guardian (Place, Date) _____

Health Declaration

(to be signed by Parent/Guardian of the Child)

Name of participating child: _____ Date of Birth: _____

I hereby confirm with my signature that the participating child – (please circle)

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... has visited a place with increased incidence of Covid-19 cases in the past 14 days.	Yes / No

Signature of Parent/Legal Guardian (Place, Date) _____