
Registration Form
Creative Arts Competition — BCM Young Artists 2026
"The Magical Hospital of Imagination"

Applicant Information

First Name: _____ **Last Name:** _____

Nickname: _____ **Date of Birth:** _____

Competition Category:

- Early Childhood (Age 4–6 Years Old)
- Junior (Age 7–10 Years Old)
- Senior (Age 11–18 Years Old)

Artwork Information:

Artwork Title (in Thai or English):

Parent / Guardian Information

Parent / Guardian Full Name:

Phone Number: _____ Email: _____

Date of Registration: _____ / _____ / 2026 Date Artwork Received: _____ / _____ / 2026

** Artwork submission deadline: 31 August 2026 at the Medical Records Department, Bangkok Hospital Chiang Mai*
All submitted artworks become the property of Bangkok Hospital Chiang Mai Company Limited.

Consent for Collection, Use, and Disclosure of Personal Data

BCM Young Artists 2026 — "The Magical Hospital of Imagination"

In compliance with the Personal Data Protection Act B.E. 2562 (PDPA), I hereby give consent to Bangkok Hospital Chiang Mai Company Limited to collect, use, and process my personal data as listed below, which I have provided during the registration for the BCM Young Artists 2026 creative arts competition "The Magical Hospital of Imagination," and to disclose my personal data including first name, last name, nickname, age, and photograph for business communications, public relations, and online media purposes.

I hereby confirm that the personal data provided to Bangkok Hospital Chiang Mai Company Limited is accurate and has been given with the consent of the applicant's parent or guardian.

I Consent

Applicant's Signature
(Full Name)

(To withdraw consent, please contact chiangmai@bangkokhospital.com)

Parent / Guardian Consent (for applicants under 18 years of age)

I, Mr. / Mrs. / Ms. (Parent or Guardian Name)

acknowledge and consent to the registration in the BCM Young Artists 2026 — "The Magical Hospital of Imagination" competition of

(Child's Name)

and consent to the collection, use, and disclosure of the child's personal data by Bangkok Hospital Chiang Mai Company Limited for the aforementioned purposes.

Consent

Do Not Consent

Parent / Guardian Signature
(Full Name)