



## Youth Theatre Registration Form 2016 - 17

Please complete the information below to register your child/young person for Double R Arts Youth Theatre. The information and permissions that you give on this form will be used for all sessions/activities/performances and events that your child/young person may be involved with, in the next academic year, from September 2016 – July 2017.

Please ensure ALL INFORMATION is correct and inform us of any changes (i.e. addresses, telephone numbers) if these occur throughout the year.

Please tick the appropriate box showing the Youth Theatre session that your child/young person will be attending on a weekly basis.

<b>Monday 6pm – 8pm @ Penwortham Young People's Centre (for years 7,8,9)</b>	<b>Monday 8pm – 10pm @ Penwortham Young People's Centre (for years 10,11 and above)</b>
<input type="checkbox"/>	<input type="checkbox"/>

Activities in the different sessions will include dance, drama, music, technical theatre and group work. Please ensure that appropriate clothing is worn.

When completed please return this form to: Beth Blenkinship  
Double 'R' Arts  
c/o Penwortham Young People's Centre  
Priory Lane  
Penwortham  
PR1 0AR  
Telephone: 07749 076499  
Email: [doublersartsyouththeatre@outlook.com](mailto:doublersartsyouththeatre@outlook.com)

(Please turn over to continue the form)

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS**

**PERSONAL DETAILS**

Name of young person .....

Date of Birth ..... Female/Male Age .....

Address.....

Postcode .....

Telephone Number ..... Mobile Number.....

E-mail address.....

Name of School/College.....

Year at School/College.....

Ethnic Origin White/Black/Mixed/Asian/Chinese/Caribbean/African/Indian/Other

**Does your child/ward have a disability or have extra needs it would be helpful for us to know about?**

Yes/No

Please tell us what the disability is or what the extra needs are:

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**EMERGENCY CONTACT DETAILS**

Emergency contact name 1.....

Address.....

Telephone Number/s .....

Relationship to child/young person.....

Emergency contact name 2.....

Address .....

Telephone Number/s.....

Relationship to child/young person.....

**MEDICAL DETAILS**

**Has your child/ward been on, or is currently on, any long/short term medication?  
If yes, please give details** Y/N

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**Does your child/ward have a condition, in relation to dance and arts activities, which needs to be brought to the attention of the organisers?  
If yes, please give details** Y/N

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**Does your child/ward have any allergies that we would need to be aware of? (e.g. Penicillin, Bee Stings, nuts etc.)  
If yes please give details** Y/N

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I **agree/disagree** (*please delete*) to allowing my child/young person to receive appropriate treatment from the registered course first aiders and/or to receive medication as instructed and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

**EMAIL CONTACT**

**From time to time we may wish to contact yourself and/or your child/ward to inform you of events, meetings, sessions etc. As we are trying to become more environmentally friendly can we have permission to email yourself and/or your child/ward information rather than send information through the post?**

**Do you give permission for us to send emails to you regarding Double R Arts?  
If yes please can you provide your email address** Y/N

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**Do you give permission for us to send emails to your child/ward regarding Double R Arts?  
If yes please can you provide your child/ward's email address** Y/N

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## **IMAGE CONSENT**

Due to the nature of the youth theatres work photographs and filming may be done of sessions, events and performances. To comply with the Data Protection Act 1998, we need your permission before we take any photographs of your child/young person.

Please indicate if you do or do not wish your child/young person to be part of any of the publicity that may be created.

**Please delete as appropriate:**

I am happy for my child/young person's photograph to be taken Yes/No

I am happy for my child/young person to be filmed Yes/No

I am happy for my child/young person's image to be printed in Documentation related to Double 'R' Arts Yes/No

I am happy for my child/young person's image or film to be used on the Double 'R' Arts website Yes/No

I am happy for my child/young person's image or film to be used on the Double 'R' Arts Facebook group/page and Twitter page Yes/No

I am happy for my child/young person's image or film to be used on other Partner websites such as Lancashire County Council's Young People's Service and South Ribble Borough Council Yes/No

I am happy for my child/young person's image or film to be used in External articles such as the Lancashire Evening Post, local radio and/or television Yes/No

## **CONSENT STATEMENT**

**I do / do not give permission for my child/young person to go to the local shops during the breaks giving in the sessions.**

**My child/young person will / will not be collected after the session**

**(Please delete as appropriate)**

My child/young person is in good health and I consider them capable of taking part in the sessions.

I have completed the medical details and consent and agree that all details given are correct. I also agree that I will inform the Double R Arts staff team if any of the details change over the next academic year.

In the event of any illness/accident, a suitably qualified person can administer immediate basic first aid to my child/young person.

**Signature of Young Person .....**

**Signature of Parent / Guardian.....**

**Print Name ..... Date .....**