



Penwortham D & D Registration Form 2016 - 17



Please complete the information below to register your child for Double R Arts Youth Theatre D&D Dance and Drama. 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 during their time with D&D Dance and Drama.

The sessions will always operate at Penwortham Young People's Centre, Priory Lane, Penwortham, Preston, PR1 0AR.

Sessions will run on Monday 4.30pm – 5.30pm.

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

Please return this form to: Beth Blenkinship
D & D
Double 'R' Arts
c/o Penwortham Young People's Centre
Priory Lane
Penwortham
PR1 0AR
Telephone: 07749 076499
Email: doublerartsyouththeatre@outlook.com

(Please turn over for start of the form)

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

PERSONAL DETAILS

Name of child

Date of Birth Female/Male Age

Address.....

Postcode

Telephone Number Mobile Number.....

E-mail address.....

Name of School.....

Year at School.....

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.....

Emergency contact name 2.....

Address

Telephone Number/s.....

Relationship to child.....

MEDICAL DETAILS

Has your child/ward been on, or is currently on, any long/short term medication? Y/N

If yes, please give details

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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? Y/N

If yes, please give details

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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.) Y/N

If yes please give details

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I **agree/disagree** (*please delete*) to allowing my child 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 you to inform you of events, meetings, sessions etc. As we are trying to become more environmentally friendly can we have permission to email yourself rather than send information through the post?

Do you give permission for us to send emails to you regarding Double R Arts Y/N

If yes please can you provide your email address

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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.

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

Please delete as appropriate:

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

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

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

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

I am happy for my child'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'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'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

My child will / will not be collected after the session.

(Please delete as appropriate)

My child 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 D & D staff team if any of the details change over the course of the project.

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

Signature of child

Signature of Parent / Guardian.....

Print Name **Date**