

# **BLAG YOUTH THEATRE...REGISTRATION FORM**

Please note six weeks' notice is due after the first term, on all classes.

Data Protection: All our data is carefully stored and not passed on to any third parties  
In accordance with the GDPR data protection act 2018

PARTICIPANTS NAME/S: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B: / /

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

NAME OF PERSON (S) AUTHORISED TO COLLECT CHILD: \_\_\_\_\_

**IF YOUR CHILD SUFFERS FROM ANY MEDICAL CONDITIONS PLEASE ENCLOSE DETAILS**

## **VIDEO/DVD FILMING OF PERFORMANCES**

PLEASE TICK IN THE BOX IF YOU GIVE YOUR PERMISSION FOR YOUR CHILD TO BE FILMED/PHOTOGRAPHED DURING OUR PERFORMANCES.

## **THE INDEMNITY FORM**

I UNDERSTAND THAT WHILST MY CHILD IS ATTENDING CLASSES SHE/HE WILL BE COVERED BY PUBLIC LIABILITY INSURANCE. HOWEVER I HEREBY ABSOLVE ANY OF BLAG'S STAFF FROM LIABILITY RESULTING FROM ANY IRRESPONSIBLE ACTIONS CARRIED OUT BY MY CHILD/CHILDREN DURING THEIR ATTENDANCE.

PLEASE NOTE: THE CHILDREN ARE WELL SUPERVISED AT ALL TIMES.

SIGNED: \_\_\_\_\_ PRINT: \_\_\_\_\_

DATE: / /

**IF YOU REQUIRE FURTHER INFORMATION CALL RICKY & LYNN ON: 01923-772320**

**www.blagtheatre.com**

**PLEASE SIGN BELOW IF YOU ARE HAPPY TO RECEIVE EMAILS  
CONCERNING CLASSES, NEW EVENTS, NEWS AND WORKSHOPS.**

(Please note: email addresses will NOT be passed onto any third parties)

SIGNED \_\_\_\_\_

**PLEASE TELL US HOW YOU HEARD ABOUT 'BLAG'**

**P.T.O AND COMPLETE EMERGENCY MEDICAL FORM**

# **BLAG YOUTH THEATRE**

## **EMERGENCY MEDICAL FORM**

**FULL NAME OF CHILD:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**MEDICATION SUPPLIED (EG: INHALER, EPIPEN ETC.)**

\_\_\_\_\_

**KNOWN ALLERGIES (EG: NUT, MILK, WHEAT ETC.)**

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL NEEDS (EG: ASTHMA, DIABETES ETC.)**

\_\_\_\_\_

\_\_\_\_\_

**GENERAL PRACTITIONER**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TEL:** \_\_\_\_\_

I consent that, if in an emergency I cannot be contacted, medical/dental/athletic treatment, including anesthetic, may be provided.

**SIGNATURE:** \_\_\_\_\_

**PRINT:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_