###### YOUTH THEATRE REGISTRATION FORM 2022-23

Please type or write clearly in block capitals and return to andrew.alty@cricketgreen.merton.sch.uk

###### Name of Participant:

Date of Birth:

School Attended:

School Year entered in **Sept 2022:**

Name of Parent(s)/Guardian(s):

Postal Address (including postcode):

Telephone and Mobile Numbers of Parent(s)/Guardian(s):

Email addresses of Parent(s)/Guardian(s) & participant:

###### Alternative name and phone number in case of emergencies:

Any additional information (please state any medical conditions, allergies, access requirements or special learning needs.)

**Leaving the sessions:**

This young person will be collected by one of the following people: (Please give names and relation to the young person)

Please tick here if you are happy for your child to leave the sessions unaccompanied

Please tick here if you are a CLARION HOMES RESIDENT

**Permission to take photographs and film:**

Occasionally we take photos and videos during Youth Theatre activities to use for documentation and publicity purposes, including fliers, newspapers, social media and our website.

**A parent or carer must complete this section.**

 **YES**, I give permission for the young person named to be photographed/filmed and for the photographs/footage to be used by WCTT and their funding partners.



 NO, I do NOT wish the young person named to be photographed/filmed.

By signing below, I give my permission for Green Arts Centre to process the information I have provided in this form and during the course of the activity for the purposes of communicating with me, delivering and promoting GAC activities (such as creating registers), and for statistical reporting to funders and other stakeholders. The information will be stored securely and only be accessible to those that need it for the purposes outlined above. Any records that identify me will be deleted or destroyed when I have not participated in a Green Arts Centre activity for three years, or on request.

 I, the undersigned, give permission for the young person named above, to take part in the GAC Youth Theatre

Signature (parent or legal guardian)

Date