Film Making Club

**2019/20**

*Return to:****Education Department***

*The Courtyard, Edgar Street, Hereford, HR4 9JR*

|  |
| --- |
| **Office Use Only**Date Received: |

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**It is the responsibility of parents/guardians/carers to ensure that The Courtyard is kept informed of any changes to the details requested below.**

**Please fill out ALL of the information if applicable.**

Name of child/young person: rytuti8o9op8p0p90p90p9090[0[[9-[-9[9-[

Male Female (Please tick)

Address:

 Postcode:

Date of Birth: Age: **School Year Group in 2019/20**:

**How Did You Hear About The Film Making Club?**

**Medical Needs and Emergency Procedures**

Any special needs (medical or other relevant)

**Details of Parent/Guardian/Carer**

Name:

Relationship to child/young person:

Contact number(s) in emergency:

Home: **Mobile\*:**

**\*We will need to contact you via SMS for updates, reminders and changes**

**Email:**

Are you the Fee Payer? Yes No (Please Circle)

If No please give details of Fee Payer:

In the event of The Courtyard being unable to contact the person named above in an emergency, please nominate a second responsible adult who we could contact:

Name:

Relationship to child/young person:

Contact number (s):

By signing below you are authorising us to hold and process the information provided on this form for the purposes of administering The Courtyard Youth Theatre. Information is held securely and confidentially and we may contact you or those listed in relation to matters concerning Youth Theatre or the safety and welfare of the child or young person. The Courtyard’s full privacy policy can be found online at courtyard.org.uk.

Signature: Name:

**Permission for use of photographs and video photography***We require parental/guardian permission for any photographs or video photography that we undertake for promotional, educational or merchandising purposes. Signing the declaration below gives your consent for your child to be photographed or filmed in any Courtyard production or workshop, images remain the property of The Courtyard for use solely for the above purposes.**I consent to my child/ward being photographed or filmed for the purposes outlined above:****Signature of parent/guardian/carer:***

Signature:

A full copy of The Courtyard’s Child Protection Policy is available on request. Please contact the Courtyard Child Protection Officer on 01432 346532 if registering a child who is in a “looked after” situation with Social Services.

**OFFICE USE ONLY:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Y** | **Initial** | **Date** | **Spektrix** | **Register** |
| **Contacted** |  |  |  |  |  |
| **Phone** |  |  |  |  |  |
| **Email**  |  |  |  |  |  |
| **Confirmed Place** |  |  |  |  |  |
| **Start Date** |  |  |  |  |  |
| **Waiting List** |  |  |  |  |  |

**Leaving Date:**