**

Courtyard Youth Theatre

**2024/25**

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

*The Courtyard, Edgar Street,*

*Hereford, HR4 9JR*

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

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

**Name of child/young person**:

**Male**/ **Female**/ **prefer not to say** (please highlight)

**Date of birth: Age: School Year in 23/24:**

**Contact Details**

Address:

Postcode:

Contact telephone number:

**Youth Theatre member mobile number (Senior Youth Theatre only):**

Name(s) & year group of any sibling(s) in Youth Theatre:

How did you hear about Youth Theatre:

**Medical needs and Emergency Procedures:**

Any special needs (medical or other relevant)

**Details of Parent/Guardian/Carer**

Name:

Relationship to young person:

Contact number(s)

Home: **Mobile\*:**

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

Email:

**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 the young person:

Contact number(s):

Are you the fee payer? Yes / No (please highlight)

If NO please give details of Fee Payer:

*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 (printed):**

**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:**

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:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Initial** | **Date** | **Spektrix** | **Register** |  | **Waiting List** | **Date** |
| **Contacted** |  |  |  |  |  | **Onto list** |  |
| **Confirmed Place** |  |  |  |  |  | **Moved to session** |  |
| **Start Date:** |  | |  |  |  |  |  |
| **Leaving date:** |  | | | |  |  |  |