



Youth Theatre Registration Form

Name of Participant: _____

Age _____ Date of Birth _____

Address _____

Postcode _____

Email _____

Telephone _____

Emergency Contact Number _____

School/ College Attended _____ Yr Group _____

Extra Information, including medical information _____

Signed Parent/ Guardian _____

Print _____

Date _____

I give my consent for _____ to be included in photographs and filming, that may be used for marketing and promotional material of the youth theatre.

Signed Parent / Guardian _____

Print _____

Date _____