Summer School 2019

Data Protection: All our data is carefully stored and not passed on to any third parties
In accordance with the GDPR data protection act 2019

PLEASE RETURN COMPLETED FORM, TOGETHER WITH YOUR DEPOSIT, TO:
BLAG THEATRE COMPANY, 44 NIGHTINGALE ROAD, RICKMANSWORTH, HERTS, WD3 7DB

PARTICIPANTS' NAME/S: **AGE:**
ADDRESS:

POSTCODE:
TEL: **WORK:**
MOBILE: **E-MAIL:**
EMERGENCY CONTACT:

PERMISSION TO LEAVE THE PREMISES AT BREAK TIMES

(AS ALWAYS WE WILL BE RUNNING OUR OWN TUCK SHOP THROUGHOUT THE PROJECT)

'N' = NOT ALLOWED TO LEAVE THE PREMISES AT ANYTIME DURING THE DAY.

'P' = PERMISSION TO GO TO THE COMMON @ LUNCH TIME ONLY. SUPERVISED. 'PP' = PERMISSION TO LEAVE PREMISES IN ALL BREAK TIMES. UNSUPERVISED.

(PLEASE CIRCLE) N P PP

I understand that whilst on the premises of the Chorleywood memorial halls and the Elgiva theatre my child/children named above will be covered by public liability insurance. However, I hereby absolve blag theatre company and its staff connected with the Summer Project from liability resulting from any irresponsible actions carried out by my child/children during their attendance.

IF YOUR CHILD SUFFERS FROM ANY ILLNESS/ALLERGIES PLEASE ENCLOSE DETAILS.

NB: PLEASE NOTE THAT CHILDREN ARE WELL SUPERVISED AT ALL TIMES.

SIGNED: .

PRINT: **DATE: / / 18**

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 .

PERMISSION TO FILM PERFORMANCES/REHEARSALS

WE ARE HOPING TO HAVE THIS YEARS PROJECT FILMED. SOME FOOTAGE/STILLS MIGHT APPEAR ON OUR WEB SITE. PLEASE SIGN BELOW IF YOU GIVE YOUR PERMISSION FOR YOUR CHILD TO BE FILMED.

SIGNED: .

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 anaesthetic, may be provided.

SIGNATURE:

PRINT:

RELATIONSHIP TO CHILD:

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