

Random Young People's Theatre Co.
Registration / Details Form

Please complete this form and bring it with you on your first day.

Name	.....	
Address	..... ..... .....	
Email	.....	
Date of Birth	Age

Name and details of your Care Manager, if applicable:			
Name	.....	Based at	.....
Telephone	.....		.....

In case of emergency we need the names, addresses and telephone numbers of two people we can contact for you:

¹ Name	.....	Relationship	.....
Address	..... ..... .....	
Telephone	.....	Mobile	.....
Email	(optional)		

² Name	.....	Relationship	.....
Address	..... ..... .....	
Telephone	.....	Mobile	.....
Email	(optional)		

Are there any health issues we should know about? (Medications, allergies, etc.)

Is there anything else you would like us to know about you?

My name is

and I would like to become a member of Random Young People's Theatre.

Signed Date.....

If you are under 18 please have a parent, guardian or carer sign this section:

As Parent / Guardian / Carer of the above named person, I agree that s/he can become a member of Random Young People's Theatre.

Name:

Signed Date.....

Headway Arts will occasionally take photographs and/or video footage to include in public displays, publicity and on our website. Please tick the appropriate statement:

- Yes, I give my permission to be photographed/filmed
- No, I DO NOT give my permission to be photographed/filmed

Please contact a member of staff if any of this information changes.

Your details will be held in our database in accordance with the Data Protection Act 1998.
We will not pass on your information to others.

Headway Arts work to maintain a friendly safe environment for participants in all their projects and reserve the right to make decisions about the involvement of any participant not working in this way. All workers for Headway Arts are CRB checked.

Contact us for further information.

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