



£20 NON-REFUNDABLE ANNUAL MEMBERSHIP INFORMATION AND CONSENT FORM 2018

To be completed by a Parent/Guardian if the applicant is under 18 years of age

Full Name Of Young Person		Name Of Parent (1)	
Date Of Birth (DD/MM/YYYY)		Home Telephone No:	
Home Telephone No:		Mobile Telephone No:	
Mobile Telephone No:		E-Mail Address:	
E-Mail Address:		Address	
Address		Line 1	
		Line 2	
		Line 3	
		Town	
		County	
		Post Code	
		Name Of Parent (2)	
Name Of GP:		Home Telephone No (If different from Parent 1):	
Surgery Telephone Number:		Mobile Telephone No:	
NHS Number:		E-Mail Address:	
Surgery Address		Address (If different from Parent 1)	
Line 1		Line 1	
Line 2		Line 2	
Line 3		Line 3	
Town		Town	
County		County	
Post Code		Post Code	
Details of any regular medication, health (e.g. asthma, epilepsy, diabetes, allergies, dietary needs etc.) or disability, which may affect normal activity:		Additional Contact (Grandparent etc, or other person holding parental responsibility)	
		Name	
		Home Telephone No:	
		Mobile Telephone No:	
		Relationship To Member:	
Date Of Last Tetanus Injection:			
<p>I give permission for _____ to take part in the normal activities of Yeovil Youth Theatre.</p> <p>I understand that while involved, he/she, will be under the control and care of the group leader/director and/or other adults approved by the Yeovil Youth Theatre committee and that, while the staff in charge of the group will take all reasonable care of the young people, they cannot necessarily be held responsible for and loss, damage or injury suffered by the young person during, or as a result of, the activity.</p>			
<p>I understand:</p> <ul style="list-style-type: none"> ● Every effort will be made to contact me as soon as possible should my child become ill or have an accident ● My Child may receive their medication, administered according to guidelines issued with the medication, should the need arise ● My Child will be given medical/dental treatment as necessary 			
<p align="center">Members over 18yrs: I give permission to be photographed/videoed, where necessary, for the use of Yeovil Youth Theatre.</p> <p align="center">Members under 18yrs: I give permission for my child to be photographed/videoed, where necessary, for the use of Yeovil Youth Theatre</p>			
<p>I/We are advised that an activity/workshop/show fee (Up to £50 per instance, dependant upon the activity) will be applicable in addition to the membership fee</p>			
Signed: _____		Name: _____	
Date: _____			
Relationship to Member (Parent/Guardian/Member etc): _____			