

£25 NON-REFUNDABLE ANNUAL MEMBERSHIP INFORMATION AND CONSENT FORM 2019

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

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| 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 | |
| Address | | Line 2 | |
| Address | | Line 3 | |
| Line 1 | | Town | |
| Line 2 | | County | |
| Line 3 | | Post Code | |
| Town | | Name Of Parent (2) | |
| County | | Home Telephone No (If different from Parent 1): | |
| Post Code | | Mobile Telephone No: | |
| Name Of GP: | | E-Mail Address: | |
| Surgery Telephone Number: | | Address (If different from Parent 1) | |
| NHS Number: | | Line 1 | |
| Surgery Address | | Line 2 | |
| Line 1 | | Line 3 | |
| Line 2 | | Town | |
| Line 3 | | County | |
| Town | | Post Code | |
| County | | Additional Contact (Grandparent etc, or other person holding parental responsibility) | |
| Post Code | | Name | |
| Details of any regular medication, health (e.g. asthma, epilepsy, diabetes, allergies, dietary needs etc.) or disability, which may affect normal activity: | | Home Telephone No: | |
| Date Of Last Tetanus Injection: | | Mobile Telephone No: | |
| | | Relationship To Member: | |

I give permission for _____ to take part in the normal activities of Yeovil Youth Theatre.

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.

I understand:

- 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

Members over 18yrs: I give permission to be photographed/videoed, where necessary, for the use of Yeovil Youth Theatre.

Members under 18yrs: I give permission for my child to be photographed/videoed, where necessary, for the use of Yeovil Youth Theatre

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

Signed: _____ **Name:** _____

Date: _____

Relationship to Member (Parent/Guardian/Member etc): _____

Please complete this form and return it, along with your 2019 membership fee of £25
(cheques made payable to 'Yeovil Youth Theatre') to:
The Membership Secretary, 36, Westfield Crescent, Yeovil, Somerset, BA21 3DF