



Youth Theatre Member Information Form

*Denotes compulsory fields. ** Please delete as appropriate

*Member's Full Name: _____

Member's Given Name: _____

(What would you like us to call you?)

*Member's Date of Birth: ____/____/____

*Member's address: _____

Member's mobile number: _____

Member's email address: _____

* Does the youth theatre member have any medical conditions of which we need to be aware? YES / NO**

*If yes please give details: _____

*Does the youth theatre member have any special needs of which we need to be aware? YES / NO**

*If yes please give details: _____

*Member's School or College: _____

*To which council does the member's family pay council tax? _____

(We need this information to help us when applying for child performance licenses.)

*Name of parent or guardian: _____

*Home telephone number: _____

Parent/guardian mobile number(s): _____

Parent/guardian email address: _____

Unaccompanied Leavers

We will not allow members under 16 years to leave the session during the break or at the end of the session unaccompanied unless permission has been granted by their parent.

I do/ do not** give permission for the above youth theatre member to leave the session in the break or at the end of the session unaccompanied by an appropriate adult.

Parent or carer's signature: _____

Date: ____/____/____