

Gala Summer School ACT UP

Registration Form

Please complete the application form fully

PERFORMANCE TECHNICAL

Name

Age

Address

.....
.....

Post Code

Tel No Mobile No:

Parent/Guardians Email

Parents/Guardians Information

Name of Parent(s)/Guardian

Tel No (Home) Mobile

Does your child have any on-going sensory or physical impairment? If so, please give details:

.....
.....

Please provide any relevant medical information including allergies, medication currently taking etc.

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Do you give permission for the staff to act on your behalf should your child require medical

attention: Yes No

Emergency Contact: (a nominated person who can be contacted during session times)

Name..... Telephone Number.

We occasionally use photographs and media coverage of the members for publicity purposes. This include social media platforms. Please sign below to give us your consent:

Signed.....

Make Up Consent

I, the Parent/Guardian of do/do not* give consent for my child to have face paint make up applied to him/her* if required during the Summer School 'ACT UP' at the Gala Theatre 05/08/19 – 09/08/19. I understand that the makeup may include Snazeroo face paints and foam sponges.

(Parent/Guardian) Print Name

(Parent/Guardian) Signed

General Data Protection Regulation (GDPR is the privacy law regulating the collection and use of personal data belonging to EU citizens. We have recently updated our terms and conditions in line with these regulations, including some updates to our privacy policy. To find out more about how Durham County Council, collect, use, share and retain your personal data, you can find further information at www.durham.gov.uk/dataprivacy