

# SOUTH LONDON THEATRE YOUTH & YOUNG ADULTS SATURDAY CLASS MEMBERSHIP FORM

(Please write clearly and use block capitals to complete this form.)

PLEASE  
ATTACH A  
RECENT  
PASSPORT  
SIZE  
PHOTOGRAPH

Full name of Student: .....

Date of Birth: .....

Age on 08.09.07:      Years.....Months.....

Address: .....

.....

Parent/Guardian's Full Names: .....

Relationship to child: .....

Mobile Number:.....Home Number:.....

Email Address: .....

If your child has any medical condition or allergies that we need to be aware of please give details:

.....

Please circle as applicable:

Our teachers have basic first aid training, please specify here if you give permission for the teachers to administer first aid if deemed necessary. Please be aware that NO first aid will be given without permission.

Yes / No

Please specify here if you give permission for your child to walk home unattended. Please be aware that NO child will be allowed home on its own without permission.

Yes / No

Please specify here if you give permission for your child to have his or her photograph taken for use on show / youth class publicity if required. This may include the SLT youth pages on the web site or flyers advertising a youth show or training class. No names are ever attached to these images unless special permission is sought.

Yes /No

Parent/ Guardian's Signature:..... Date:.....

Please note: This information is purely to allow ourselves to contact you in case of emergency, or in connection with the Youth classes. The information will not be kept on a computer but will be locked in a safe and will only be available to those involved in the running of the children's and youth classes.