

Post Code

Warts and All Theatre Drama Club Application Form

Which group are you applying for?

Include a picture	Group Name			Day and Time			Please Tick
	Hartwell School Drama Club KS1&2		ama Club	Monday Evenings 3:20-4:20pm		.0-4:20pm	T I CIX
of yourself here		-					
Participant Info	rmat	ion:					
	Tillac	1011.					
Name							
Date of Birth					Age		
Contact Number							
Email Address							
Address							
					Post Code		
School/College/Occupa	tion						
Access Informat	ion:						
Do we need to be aware of any specific							
physical or health access requirements (e.g. wheelchair use)?							
Please let us know of any specific educational							
needs (e.g. dyslexia / dyspraxia)?							
(It helps us to plan and deliver the work with		work with					
specific needs in mind!) Emergency Con	tact	Informat	tion				
Linergency con	tact	iiiioiiiia					
Full Name							
Mobile Number							
Landline Number							
Email							
Address							

Medical Information					
Doctor:					
Address:					
Telephone Number:					
Any medical needs or allergies we should be made aware of? (Continue on a separate sheet if necessary)					
The Warts and All Th	eatre Programmes Agreement:				
All participants aged 11 and und guardian) from the designated sign	er are to be dropped off and collected in person (By a parent or in/out point.				
By signing this form, I give permission for the individual named as the Participant to take part in both live and recorded performances associated with Warts and All Theatre.					
 It is necessary for us to hold participants that engage in the programme you are involved. We may share this data with limited to Name, Date of Bine We also store the data of an Whilst you are an active par online Customer Relationshin be found at Capsule.co.uk. We will continue to hold you destroyed! We would like to add you to our	data (Name, health, access needs and contact information) of the our work. This is so we can communicate directly with you about				
e-news list.	eces. I lease tiek here ii you agi ee to be iiiciaaca iii oai				
Please tick if you <u>DO NOT</u> agree and marketing purposes.	for the participants image to be recorded for evaluation				
Parent / Guardian Signature:	Date:				
Please return this form to Hartwell School Reception along with payment in a named envelope.					