



Participation Form

DRAMA	<input type="checkbox"/>	DRAMA	<input type="checkbox"/>	YOUNG	<input type="checkbox"/>	YOUNG	<input type="checkbox"/>
DROP IN		DROPLETS		ACTORS		WRITERS	

Please note this information may be shared across projects at Action Transport Theatre if your child participates in multiple events.

To be completed by parent or guardian of participant.

Participant's Details

Participant's name:	
Home address:	
Postcode :	Home Phone No. :
Participant's e-mail :	School :
Date of Birth :	Gender :

Parent or Guardian's Details

Name :	
Address :	
(If different from above)	
Postcode :	Home Phone No. :
Parent / Guardian's e-mail :	
Mobile Phone No. :	

Emergency contact details if different from above :

Name :	Contact No. :
Connection to Participant :	

Medical Details

Participant's GP :	
Surgery :	
GP Phone Number :	
Does the participant suffer from any medical conditions?	Yes / No
<i>(If yes, please provide details)</i>	

Does the participant need any medication? Yes / No
<i>If yes, please provide details of the medication and which condition or allergy it is used to control/cure</i>

Does the participant have any special dietary needs or suffer from any from any allergies? Yes / No
<i>If yes, please provide details.</i>

Does the participant have a disability or impairment you would like to make us aware of? Yes / No
<i>If yes, please provide details.</i>

How can we support you in relation to this ?
<i>Please provide details.</i>

Does the participant have any special support needs that you would like us to be aware of? Yes / No
<i>If yes, please provide details.</i>

How did you hear about this project / ATT ?
<i>Please provide details.</i>

Has the participant ever taken part in Arts activities before? Yes / No
<i>(This includes dance, drama and writing.)</i>

Release and Consent

I hereby give my permission for any video, audio and photographic footage, recorded during ATT sessions to be included in public documentation, at the discretion of Action Transport Theatre. This may take the form of photographs, video, CD-Rom, DVD, website, broadcasting, publicity and marketing materials. I have understood that no fees whatsoever will be payable, and copyright will be retained by Action Transport Theatre.

YES NO

Participant signature (if over 16)

Date:

Parent / Guardian Signature if under 16

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Declaration

please tick as applicable

I, the parent/ guardian, agree to the named participant taking part in the stated activity.

In the event of an emergency, I consent for any medical treatment that my child may need prior to my arrival.

I am happy for Action Transport Theatre to add me to their email list so I can receive marketing communication about upcoming shows, projects and opportunities.

Signature:

Date:

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Information for Parents and Guardians

Action Transport Theatre aims to provide a safe and enjoyable experience for every young person.

To help **Action Transport Theatre** in providing a quality service please note the following important information.

- All questions on the participation form must be completed and signed by the parent/guardian before any young person takes part.
- Parents/guardians must ensure that any changes to the information given on the form are notified to **Action Transport Theatre**.
- Parents/guardians must ensure that they make their own arrangements for young people going to and leaving the session, please note that **Action Transport Theatre** is not responsible for young people outside their session times they should therefore arrive and depart at the appropriate times.
- **Action Transport Theatre** cannot take responsibility for any damaged clothing and/or personal items during the activity.
- Please ensure the young person has sufficient water, food, clothing, sun cream and medication (where appropriate) for the duration of the session activity.