

Application Form

Please use BLOCK CAPITALS

Personal Information

Child's name..... Gender: MALE/FEMALE

Preferred Name

Address

.....

Post Code

Date of Birth Age.....

Parent/Guardian Name..... Relationship.....

Telephone.....Mobile.....

Email.....

If you supply an email address we will endeavor to e-mail you to aid communication. If you do NOT wish to receive this service please tick the box

Alternative Contact Name (in case of emergency):

NameRelationship.....

Telephone.....Mobile.....

Medical Details

Allergies/Sensitivities/Special Requirements

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.....

Long term medication details and does (such as Asthma Inhalers, Insulin Pens)

.....
.....

Any other information we should know about should be provided here:

.....
.....

Data Protection Act (1998)

Certain information is classed by law as 'Sensitive Personal Data'. With regard to Red Dot Theatre Company this may include details of name, address, date of birth, contact telephone numbers and information about your child's health.

I give explicit consent for retention of information for the duration of membership of my child's name, address, date of birth, contact telephone numbers and health, for Red Dot Theatre Company purposes. Any of the information provided will not be passed on to third parties out side of Red Dot Theatre Company and on completion of course all personal data will be destroyed.

If you wish Red Dot to keep your information on file so we can contact you about future events and courses please tick the box below.

For the performances students may be filmed or photographed. Please tick appropriately:

Yes I give consent for my child to appear in any film footage or photography

No I do not consent for my child to appear in any film footage or photography

Students should attend Red Dot sessions in suitable clothing, which does not restrict any movement. This means NO jeans or Ugg boots please, trainers and jazz shoes are acceptable. This is important because of health and safety reasons and also so that you can get the most benefit from our sessions.

Delete as appropriate:

I am the Parent/Guardian of.....

I understand the terms and conditions (Available online) and give consent for my child to attend Red Dot Theatre Company

Please check our website for dates, payment and prices

Signed.....Date.....

Please print and send completed application form with payment to:

Red Dot Theatre Company c/o
27 Rockhouse Road
Alvaston
Derby
DE24 0GD

Any queries please contact **07772 782 514** - info@reddottheatrecompany.co.uk -
www.reddottheatrecompany.co.uk