



Treble Makers with SingSkool

REGISTRATION FORM

Name of Child: _____

Address: _____

Date of Birth: _____

Have you joined our kids club?

If not, please tick here if you would like to join and receive updates on plays coming to the Hawk's Well, acting courses, talks, special offers and any other activity relating to drama.

In the case of an Emergency:

Adult Contact name: _____

Adult Contact number (work / home) _____

(mobile) _____

(email) _____

Relationship to the Child _____

e.g. parent / guardian

Medical information Photography:

Does the child have any medical illnesses or allergies? Yes No

If yes, state the condition _____

Does he/she take medication for this condition? Yes No

Any other relevant information: _____

Photography

In signing this form I consent to photography of event for use on promotional material and social media and understand that my child's photo might appear on the Hawk's Well website or other promotional material

This form is for the purpose of complying with the Hawk's Well Theatre Child Protection Guidelines Policy. The details requested in this form are for emergency purposes only e.g. in case of fire / accidents.

Participants will be required to sign a register each morning of the course to comply.

Declaration:

Signature of parent / guardian _____ Date _____

N.B. All information in this form will remain confidential and will not be shared.