

APPLICATION FORM

Please write clearly in block capitals

Forename	<input type="text"/>	Age	<input type="text"/>
Surname	<input type="text"/>	Date of Birth	<input type="text"/>
Nationality	<input type="text"/>	Sex (m/f)	<input type="text"/>
	<input type="text"/>	Ethnic Origin	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	Post Code	<input type="text"/>	
Telephone Number	<input type="text"/>		
Mobile Telephone Numbers	<input type="text"/>		
E-mail to contact you on	<input type="text"/>		
School Attended	<input type="text"/>		
Name of Parent/Guardian	<input type="text"/>		
Address if different from above	<input type="text"/>		
In case of an emergency, contact	<input type="text"/>		
Emergency Telephone Number	<input type="text"/>		
Any medical condition we need to know?	<input type="text"/>		
Doctor's name, address & phone number	<input type="text"/>		
Permission to seek medical advice and/or treatment in an emergency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Permission for my child to leave Theatretrain unaccompanied at the end of the session?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Permission for photographs and videos to be published involving your child in productions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How did you hear of Theatretrain?	<input type="text"/>		
Signature of parent/guardian	<input type="text"/>		

A COPY OF THIS INFORMATION WILL BE HELD BY THE INDIVIDUAL CENTRE AND BY HEAD OFFICE
Please list overleaf any relevant experience your child may have in the performing arts.

(for office use only)

Date
joined