



Registration Form

Name of Participant:

Address:

Postcode:

Date of Birth:

Name of Parent/Guardian:

Tel No (Landline):

Tel No (Mobile):

eMail:

We can keep you up-to-date with information about Upstage Theatre Productions via email or post. Please tick the appropriate box(es) if you wish to receive information from us
By Email By Post

*Please tick this box if you do **not** wish to receive information about Upstage Theatre Productions.*

Emergency Contact & Medical Details:

Name:

Tel No (Landline):

Tel No (Mobile):

Relationship:

Doctors Name:

Practice Address:

Does your child have any medical conditions that we should be aware of?

Photography & Filming Consent:

* Delete as appropriate

I agree/disagree* by signing this section, to consent Upstage Theatre Productions permission to take photographs and moving images of my child _____ to be used in publicity material, e.g. leaflets, reports, website, newspapers etc. and that any dvd's or photographs from productions my be sold to bona fide members and participants of Upstage Theatre Productions.

Parent/Guardian signature
(if under 16):.....

Date.....