



FUTURE FACES
 HALL PARK THEATRE, LUTTEWORTH LE17 4LN
 01455 553878
Futurefaceslutterworth@gmail.com



DRAMA & ACTING SUMMER SCHOOL REGISTRATION FORM
MONDAY 2nd AUGUST – FRIDAY 6th AUGUST 2021

Thank you for choosing Future Faces summer school.

We ask children to bring a drinks bottle and a lunch with them to see them through until pick up time.

Please send them in comfortable clothes they can move about in and a separate pair of indoor shoes. We will be doing lots of moving around but sometimes the studios can start off quite cool so please send them with a jumper they can take off if they get too warm.

Please drop off 5 minutes before the session starts at 9am and collect promptly at 3pm. Performance on Friday – more information will be given out in the week.

STUDENTS DETAILS

Full Name: Age:

Address:

Parent /
 Guardian Name:

Email Address:

Phone Number:

- I consent to Future Faces using my personal data relating to my child for the purposes of organising an out of term time activity week and in accordance with the Future Faces terms and conditions and privacy policy.
- I confirm that I am the parent / legal guardian for the child named above.
- I consent to Future Faces contacting me with news by telephone, email, post and text, newsletters about the lessons, workshops, theatre weeks and events that it runs. I understand that my personal information is not shared outside of Future Faces for 3rd party marketing purposes. Personal data is only used in relation to Future Faces. I understand that I can withdraw my consent at any time by notifying Future Faces.
- By submitting this form I give permission for the above named child to attend Future Faces for a session at the venue and on the dates above. I accept that any property that is lost or stolen on during this time is not the responsibility of Future Faces. I confirm that all the information given is accurate. Future Faces cannot accept responsibility for any inaccurate information provided. I confirm that I will collect my child in person at the end of the session or I will inform Future Faces of who will be collecting my child.
- To comply with Data Protection Act 2018, we need your permission before we can photograph or make any recordings of your child. Occasionally we make take photographs. We may use these images in our prospectus or in other printed publications that we produce, as well as on our website. We may also use video and DVD recordings for Facebook, Instagram and promotional videos.
 - I agree to images of my child being published in the prospectus and other publications
 - I agree to images and video of my child being published on Future Faces Website
 - I agree to images and videos of my child being published in DVD or similar format
 - I agree to images of my child being used on all forms of social media

PRINT NAME PARENT / GAURDIAN SIGNATURE..... DATE

MEDICAL QUESTIONNAIRE

1. Does your child have any medical condition or injury that would make the activity he/ she has chosen to attend unsuitable? Yes/No*

*If yes please give full details

2. Does your child have any allergies that we should be aware of Yes/No*

*If yes please give full details

3. Does your child have any learning or reading difficulties? Yes/No*

*If yes please give full details

4. Additional information that you think is relevant

PRINT NAME

PARENT / GAURDIAN SIGNATURE DATE