



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



**SMILEY FACES SUMMER SCHOOL REGISTRATION FORM**

Thank you for choosing Smiley Faces summer school. Children will have so much fun exploring lots of activities including singing, dancing, parachute games and arts and crafts.

We ask children to bring a drinks bottle and a small snack with them to see them through until lunchtime.

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 12pm.

**CHILDS DETAILS**

Full Name: ..... Age: .....

Address: .....  
 .....  
 .....

Parent /  
 Guardian Name: .....

Email Address: .....

Phone Number: .....

**Full weeks or individual days can be booked.**

**£12 per session ( £10 for existing Future Faces students) OR £50 for a full week**

**Please select which sessions you would like your child to attend:**

	MONDAY 9-12	TUESDAY 9-12	WEDNESDAY 9-12	THURSDAY 9-12	FRIDAY 9-12
WEEK 1 26 <sup>th</sup> JULY – 30 <sup>th</sup> JULY					
WEEK 2 2 <sup>nd</sup> AUGUST – 6 <sup>th</sup> AUGUST					

- I consent to Future Faces using my personal data relating to my child for the purposes of organising a Workshop 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 .....