



SUMMER WORKSHOP STUDENT REGISTRATION FORM

Student's Full Name	
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Student's D.O.B.	
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Address	
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Post Code

Home telephone Number	
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Parent/Guardian 1 Full Name	
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Mobile phone Number	
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Parent/Guardian 2 Full Name	
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Mobile phone Number	
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Email addresses	1.
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2.

Name of school that student attends if applicable:
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LIST ANY OTHER CONTACT NUMBERS, OVER PAGE, OF WHO TO CONTACT IN THE EVENT OF AN EMERGENCY, PLUS ANY ADDITIONAL INFORMATION YOU THINK RELEVANT

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE
X

Date	
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OFFICE USE ONLY				
Week Number _____	Deposit paid date _____	Method (csh)(chq)(payp)		
Pre/post (yes) (no)	MedQuest []	let 1 []	let 2 []	let 3 []



MEDICAL QUESTIONNAIRE

Student's Full Name	
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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, reading or behavioural difficulties? Yes/No*
 Please include anything else that you think that we need to be aware of:

*If yes please give full details

I understand that Lutterworth Performing Arts Centre, Home of Lutterworth Youth Theatre Academy, have the right to refuse access to courses based on the information given above.
 (Must be signed by Parent or Legal Guardian only).

PRINT NAME

PARENT/GUARDIAN SIGNATURE

X

Date



TERMS AND CONDITIONS

Student's Full Name	
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PAYMENT

I am legally responsible for the above named person. I wish the above named student to be enrolled in the following workshop and I understand that this application is not a guarantee of a placement, as successful booking of the course will be dependent on places being available and sufficient numbers of students for the course to be run

'ACTING WORKSHOP'
Monday 31st July to Friday 4th August
09.00 am – 3.00 pm

Tick box for course(s) attending	
Fee £100.00	<input type="checkbox"/>
Deposit £20.00	<input type="checkbox"/>

'MUSICAL THEATRE WORKSHOP'
Monday 7th August to Friday 11th August
09.00 am – 3.00 pm

Fee £100	<input type="checkbox"/>
Deposit £15.00	<input type="checkbox"/>

Declaration:

I have read a copy of the Future Faces Summer school prospectus and I agree that my child will adhere to the dress code policy of the Academy. I also agree that my child may be photographed and filmed as per the prospectus. I acknowledge that I must pay an initial deposit of £20 and the balance due for this workshop(s) prior to the **10th July 2017** and if this is not received by Future Faces Lutterworth Ltd by this date then the course placement will be forfeited and the deposit paid retained by Future Faces Lutterworth Ltd.

I agree to notify the school of any changes in the student's medical condition prior to course commencement.

I agree to notify the school of any changes in respect of contact details prior to course commencement

I agree to notify the school in the event of the student being unable to attend any of the sessions

PRINT NAME	PARENT/GUARDIAN SIGNATURE
	X

Date	
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