



County Limerick  
Youth Theatre

## County Limerick Youth Theatre Registration Form (Under 18)

PLEASE COMPLETE DETAILS IN BLOCK CAPITALS

**Section A, B and C to be completed by the Parent/Guardian of those aged under 18**

Section A: Member Details	
Name	Date of Birth:
Address:	
Home Telephone:	Mobile:
Email address:	School:
Section B: Parent(s)/Guardian(s) Details	
1 Name:	Preferred contact number:
2 Name:	Preferred contact number:
<p>Email &amp; text messaging are our main forms of contact with parents/guardians in order to send out information about youth theatre activities including classes, rehearsals, productions. Please provide an email address that you use regularly.</p> <p><b>Email address:</b></p>	

Section C: Parental Consent – please sign or initial the relevant boxes		
I give consent for:		
1 My child/ward to attend weekly drama workshops	Yes <i>Please Sign/Initial</i>	No <i>Please Sign/Initial</i>
2 I have read the COLYT Code of Conduct Guidelines with my child and have discussed them with him/her.	Yes <i>Please Sign/Initial</i>	No <i>Please Sign/Initial</i>
3 Photograph/Video Footage of my child/ward to be taken during youth theatre events	Yes <i>Please Sign/Initial</i>	No <i>Please Sign/Initial</i>
4 Photographs/Video Footage including my child/ward to be used publicly in posters/flyers and/or newspapers for publicity purposes for the sole benefit of the youth theatre.	Yes <i>Please Sign/Initial</i>	No <i>Please Sign/Initial</i>
5 Photos/Video footage of my child/ward to be stored and used for archival purposes <b>(All photos/video footage will be managed in line with the youth theatre's Welfare and Child Protection Policy).</b>	Yes <i>Please Sign/Initial</i>	No <i>Please Sign/Initial</i>
6 First aid/medical assistance to be sought in the case of an emergency	Yes <i>Please Sign/Initial</i>	No <i>Please Sign/Initial</i>
7 I have disclosed all relevant information with regard to any medical conditions and any special requirements that relate to my child/ward of which I am aware, and I undertake to inform you should this change	Yes <i>Please Sign/Initial</i>	No <i>Please Sign/Initial</i>

8 I understand CoLYT accepts no responsibility for loss of or damage to my belongings or my child/ward's belongings – please do not bring any valuables to the sessions.	Yes <i>Please Sign/Initial</i>	No <i>Please Sign/Initial</i>
9 CoLYT sends out general newsletters and information. I agree to receiving these <b>My email address:</b>	Yes <i>Please Sign/Initial</i>	No <i>Please Sign/Initial</i>
10 I have enclosed the membership fee of €85 (€70 when 2 or more family members attend) cheque/postal order/cash* or bank transfer	Yes <i>Please Sign/Initial</i>	No <i>Please Sign/Initial</i>
Signed _____ Date: _____		
<i>*If you wish to discuss payment or any other matter in relation to the above, please do not hesitate to contact <b>Fiona Quinn, Artistic Director, 086 824 6915</b></i>		

<b>Section D: Members' Consent</b>		
I have read and understood the CoLYT Code of Conduct Guidelines. I agree to abide by this code and as a member of the CoLYT agree to further the aims of the CoLYT through active participation with an open and lively spirit, remembering that without good manners and good temper, Youth Theatre loses its cause for being. I shall at all times treat others with consideration. I also give my consent for photographs and video work that portray my involvement in CoLYT.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed _____ Date: _____		

Please return to: **Treasurer/Membership Officer**  
**All information collected on this form will be kept strictly confidential.**

**Data Protection:** The County Limerick Youth Theatre processes and stores information in accordance with the Data Protection Act (DPA) 1988 and 2003 and 2018 and subsequent amendments. I understand that by submitting information I am giving permission for the contents to be disclosed in respect to the reporting requirements for the County Limerick Youth Theatre. You can view the Data Protection Policy online at our website [www.countylimerickyouththeatre.ie](http://www.countylimerickyouththeatre.ie)

Name of Child: \_\_\_\_\_

### Medical Conditions/Special Requirements

If you do not have sufficient space to provide full details, please complete the **Additional Information Sheet overleaf**. Any information provided will be treated as confidential and managed in line with the youth theatre's **Confidentiality Policy**.

**Our activities may include:** Sight reading, learning by rote, dance, movement, stage combat, mime, running, jumping, staged physical contact, voice work, breath work, costumes, design, drawing, writing, painting, set building, site-specific activities, outdoor activities, performances.

**1** Does your child/ward have any special requirements? e.g. physical disability, learning difficulties or literacy issues

*If 'Yes', please give details*

**Yes**

*Please Sign/Initial*

**No**

*Please Sign/Initial*

**2** Does your child/ward have any medical conditions of which we should reasonably be aware?

*If 'Yes', please give details*

**Yes**

*Please Sign/Initial*

**No**

*Please Sign/Initial*

**3** Does your child/ward have any allergies?

*If 'Yes', please give details*

**Yes**

*Please Sign/Initial*

**No**

*Please Sign/Initial*

**4** Is there any other information we need to be aware of that may impact on your child's/ward's participation in youth theatre?

*If 'Yes', please give details*

**Yes**

*Please Sign/Initial*

**No**

*Please Sign/Initial*

**Additional Information relating to Medical Conditions or Special Requirements.**

Please note if you would like to discuss any of the information relating to your son's/daughter's medical conditions or special requirements with us, please contact **Fiona Quinn, Artistic Director, 086 824 6915**. We may also contact your for clarification or more information if necessary.