

**Youth Theatre – 2020 (COVID -19)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  | Gender |  |  |  | |
| Applicants Contact number: |  | | | | | |
| Email: |  | | | | | |
| Address: |  | | | | | |
| Date of Birth: | AGE: | | | | | |
| Home Phone Number: |  | | | | | |
| Do you have a disability?  If yes please describe: |  | | | | | |
| How would you describe your racial background? | Rather not say:  Rather not say (please tick) | | | | | |
| **EMERGENCY CONTACT PHONE NUMBERS:**  (1) Parent/Carer Emergency Contact Phone No.  (2) Name of second contact person, Phone No. and their relationship to your child | Please ensure that you provide **the names of 2 people, with their contact details**, if for any reason we need to contact you.  \*Please write names and numbers clearly  1.  2. | | | | | |
| Please tell us anything you think we should know about your child’s health. e.g. allergies, asthma, food allergies etc.  **Please give us the name and telephone number of your child’s GP** | 1.  **GP’s Name:**  **GP’s Tel:** | | | | | |
| We will use your information to contact you regarding the Youth Theatre, any performances and updates.  Please tick if you would like us to contact you:  Signature:…………………………………………………… Date:…………………………………………………………… | | | | | | |
| **Photographic/video consent:** | | | | | | | | |
| The workshops, performances and activities may be filmed or photographed for monitoring/evaluation and general press and publicity purposes including use of Royal Court website.  Workshops currently take place off site at the Merseyside Youth Association building  I give permission to be filmed/photographed and for these images to be used as stated above:  **Signature (young person) : …………………………………………………………………………………..**  **Signature (I am over 16**) :………………………………………………………………………………. | | | | | | | | |
| Workshops/performances and activities may be filmed or photographed for monitoring/evaluation and general press and publicity purposes, including use of Liverpool’s Royal Court Social media sites.  I give permission for my child to be filmed and photographed and for these images to be used as stated above.  **Signature of Parent/Guardian/Carer: ……………………………………………………** | | | | | | | | |

|  |  |
| --- | --- |
| **Code of Conduct:** | **All Youth Theatre members must sign our code of conduct. (See below)** |

* ***Health and safety*** – your safety is important to us. Please help us to keep you safe by working responsibly and safely during youth theatre activities. (COVID 19) we will be working within the governments guidelines and keeping up to date of any ongoing changes: to see our full health and safety policy please go to our website
* Please respect the equipment and property in the building/workshops space(s)
* ***Respect*** – please ensure that you treat tutors, all theatre staff and volunteers respectfully at all times. Racism, sexism, homophobia, harassment, bullying and bad language are not tolerated.
* If you have any problems during sessions that you wish to discuss, please contact our **Designated Safeguarding Officer - Miriam Mussa** – email: [Miriam@royalcourttrust.org](mailto:Miriam@royalcourttrust.org) phone: 0151 702 5892 – or speak to the pastoral care worker during the session.
* We operate a zero tolerance approach to underage drinking, smoking, or drug use.

All participants are expected to abide by these conditions and show respect for fellow members, staff and users of the Theatre at all times.

I have read and agree to terms of this form, and agree to abide by the code of co I understand that failure to do so could lead to the loss of my Youth Theatre place.

**Signature:** (young person): ………………………… Date:…………………………………………………………

**Signature:** (parent/guardian): …………………….. Date:…………………………………………………………

Please return to: **Liverpool’s Royal Court 1 Roe Street** [**miriam@liverpoolsroyalcourt.ocm**](mailto:miriam@liverpoolsroyalcourt.ocm)

**0151 702 5892**