



Supported using public funding by
**ARTS COUNCIL
ENGLAND**



LIVERPOOL'S
**ROYAL
COURT**

Youth Theatre – summer school 2021

Name:	Gender		
Young Persons Contact number:			
Young Person's Email:			
Home Address:		Postcode:	
Date of Birth:	AGE:		
Young Person's mobile number			
Do you have a disability? If yes please describe:			
How would you describe your racial background?		Rather not say: <input type="checkbox"/>	
EMERGENCY CONTACT PHONE NUMBERS: (1) Name Parent/Carer's Emergency Contact Phone No. & Email (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. <u>*Please write names and numbers clearly</u> 1. Name: Relationship to child: Phone: Email: 2. Name: Relationship to Child Phone:		
Please tell us anything you think we should know about your child's health. e.g. allergies, asthma, food allergies etc.	FOOD ALLERGY: OTHER ALLERGIES:		
Please give us the name and telephone number of your child's GP	GP's Name: GP's Tel:		
Please tell us your dietary requirements e.g halal, kosher, vegan, etc.			

Please note this form is for your health and safety. We may use your data for monitoring and evaluation and funding purposes.

Please let us know if you have any musical experience - i.e. play an instrument, singing etc.	
During the Summer School you will take part in all the activities on offer, however please let us know which art form you have an interest,	<input type="checkbox"/> Dance <input type="checkbox"/> Music <input type="checkbox"/> Drama <input type="checkbox"/> Musical Theatre <input type="checkbox"/> Song Writing <input type="checkbox"/> Rap & Hip Hop <input type="checkbox"/> Singing <input type="checkbox"/> Other
<p>We will use your information to contact you regarding the Youth Theatre, any performances and updates.</p> <p>Please tick if you would like us to contact you: <input type="checkbox"/></p> <p>Signature:..... Date:.....</p>	
Photographic/video consent:	
<p>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.</p> <p>Summer school activities will take place at the City of Liverpool College Art Centre, Myrtle Street, L7 7JA</p> <p>I give permission to be filmed/photographed and for these images to be used as stated above: <input type="checkbox"/></p> <p>Signature (young person):</p> <p>Signature (Parent/carer) :(required If under 18)</p>	

Code of Conduct :

- **Health and safety** – your safety is important to us. Please help us to keep you safe by working responsibly and safely during summer school.
- (COVID 19) we will be working within the government’s guidelines and keeping up to date of any ongoing changes: additional health and safety measures including the full health and safety policy will be available on our website or emailed on request
- Please respect the equipment and property in the venue and space we will be using.
- **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@liverpoolsroyalcourt.com phone: 0151 702 5892 – or speak to the pastoral/youth worker Maria Schumann Maria@liverpoolsroyalcourt.com during summer school

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

I CONFIRM I WILL ATTEND SUMMER SCHOOOL

Signature: (young person): Date:.....

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

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