

## Summer School 2022 Registration Form

Please returned completed form to [UmaD@liverpoolsroyalcourt.com](mailto:UmaD@liverpoolsroyalcourt.com)

or [Admin@liverpoolsroyalcourt.com](mailto:Admin@liverpoolsroyalcourt.com)

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

**Please let us know if you have any artistic skills-** (*experience is not required, but it will help us to know what if any experience you have*)

- Dance   
  Musical instrument   
  Drama   
  Musical Theatre  
 Singing   
  Other

**If you have indicated you have experience, please briefly explain what that experience is**

.....

.....

.....

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, photographed for monitoring/evaluation, general press and publicity purposes including the use of the Royal Court website.  
 Summer school activities will take place at the City of Liverpool College Art Centre, Myrtle Street, L7 7JA  
 I permit to be filmed/photographed and for these images to be used as stated above:

Signature (young person): .....

Signature (Parent/career):.....( required If under 18)

**PLEASE ENSURE YOU READ AND SIGN THE CODE OF CONDUCT BELOW**

**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 on any ongoing changes: additional health and safety measures including the full health and safety policy will be available on our website or by email 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](mailto:Miriam@liverpoolsroyalcourt.com) phone: 0151 702 5892 – or speak to the pastoral/youth worker Maria Schumann [Maria@liverpoolsroyalcourt.com](mailto:Maria@liverpoolsroyalcourt.com) during summer school

I have read and agree to the 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 YOUTH THEATRE

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

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