



## RATS YOUTH GROUP MEMBERSHIP INFORMATION FORM

### Notes on completing this form:

- The Parent/Carer must complete the form
- All sections must be completed
- Please complete in BLOCK CAPITALS

### Personal details of youth member: *Parent/Carer - please complete the box below:*

Actor's full name:			
Date of birth:		Age:	
Address:			Postcode:
Current school:			
Any SEN or medical conditions?	Please circle YES or NO:		
			<b>YES</b> <b>NO</b>
	If YES, please provide details:		

### Parent/Carer personal data and agreements: *please complete the box below:*

Parent/Carer's name:			
Telephone:	Landline		Mobile
Email address:			

*Continued over...*

**Medical treatment permission** (please complete the agreement below):

I ..... Parent/Carer of .....

give permission for the Oasthouse Theatre staff to provide any necessary medical treatment to my child while attending any Rats Youth rehearsal or production, or if participating in a RaTS seniors production. I certify that the information provided is correct.

Parent/Carer's signature ..... Date .....

**Image taking permission** (please read the notes below, then complete the agreement):

The Oasthouse Theatre staff, or other nominated persons, take images of the actors as they participate in the production either by camera or video for online, internal and social media use.

I give the Oasthouse Theatre staff or other persons nominated by the Oasthouse Theatre staff permission to take images of my child for use in any publicity.

Child's name ..... Parent/carer's name .....

Parent/Carer's signature ..... Date .....

**Second point of contact personal details** (please read the notes below, then complete the box):

Please enter your second point of contact in the box below. This person will only be contacted in the event of an emergency and the Oasthouse Theatre staff not being able to make contact with the Parent/Carer. Please make the second point of contact aware that you have provided us with their personal details.

Second contact name:				
Relationship to child:				
Telephone:	Landline		Mobile	

**Personal data**

**GDPR:** (please read the notes below, then mark the email preference box if you wish):

RaTS Ltd do take the protection of your personal data seriously. We will never share your data with third parties or sell your personal data. We would like to stay in touch to bring you news and updates about what's on at the theatre. The information will contain content about our productions and other events, theatre news, theatre trips, social events and everything else that's going on at the Oasthouse Theatre - this is known legally as 'direct marketing'.

We need your consent to send you this information by email. Please mark the box below to receive information from RaTS Ltd by email - you can unsubscribe from our email notifications at any time.

Preference for receiving information from RaTS Ltd	
<b>Parent/Carer:</b> Please mark the box for you to receive information by email	<input type="checkbox"/> <b>Email</b>

Sharing of personal data - please complete the agreement below:

I understand that the personal data I have provided will be used to communicate with me (and, if necessary, my second point of contact) in relation to my child's participation in Rats Youth activities.

I confirm my agreement that limited personal details may be shared with some members of RaTS Ltd to facilitate communication on Rats Youth activities and chaperoning. Details shared are likely to include: my child's name and any medical/SEN conditions; my name, email address and telephone number/s; and the second point of contact details.

Parent/Carer's signature ..... Date .....

Print name: .....

FOR OFFICE USE ONLY	Amount paid in advance £
Membership number .....	Received By .....