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***STUDENT DETAILS***

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| **Surname:** | **First Name:** | **DOB:** |
| **Address:** | **Home Telephone:** | **Parent/Guardian name:** |
| **Parent Mobile:** |
| **Parent email:** | |
| **School:** | | |
| **Additional contact (name/relationship/phone): Another adult for emergency contact please** | | |
| ***GIFT AID***  *As a registered charity, RTC is able to* ***claim gift aid*** *on membership fees and some other payments. Please complete the section below if you are happy for RTC to claim Gift Aid on your donations. You only need to pay around £200 tax a year for us to claim gift aid for attendance at all Riverside classes.* | | |
| *I wish the Riverside Theatre Company registered charity to treat any eligible payments I make as Gift Aid donations from when my child(ren) joined Riverside Theatre Company. I will notify you of any change in my circumstances which affect Gift Aid refunds,*  Name (Title, First and Surname):  Address: | | |
| I am a UK taxpayer and hereby authorise RTC to claim gift aid on all eligible payments now, for the past 4 years and in future years.  Signed: Date: | | |

***PAYMENTS TO RIVERSIDE***

* Joining fee £15 for your Riverside uniform and future admin costs – single payment
* Monthly membership fees (as noted below) - to be paid by standing order on 1st of every month, monthly recurring payments over 12 months per year, revised annually, If you have 2 or more children at Riverside, there is a £2 sibling reduction applied to your payments per child per month
* Production fee (£30) per child for each Spring show and will include rehearsal material and a show themed Riverside shirt to be worn in rehearsals – one-off payments, this payment will be requested a few months before the show

All payments to be paid into the Riverside bank account;

Bank: Lloyds Account name: Riverside Theatre Company

Sort code: 30-99-50

Account number: 25552560

Failure to pay the above items means that the student may no longer attend sessions or take part in the shows.

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| Group Name | **Ages** | **Day/Time** | **Monthly** | **Tick** |
| Musical Theatre – Juniors | 8-12 | Sunday 14:00 -17:00 | £34 |  |
| Musical Theatre – Seniors | 12-18 | Sunday 14:00 -18:00 | £40 |  |

### *STUDENT’S MEDICAL INFORMATION*

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| Please provide details of any medical conditions or allergies that your child may suffer from i.e. epilepsy (stroboscopic lighting may be used in productions) diabetes, asthma, allergies (such as penicillin or adhesive plasters), etc: We would also like to know if they have any special educational needs we should be aware of so we can be sure we give them the most appropriate attention during our sessions.  Please note that Riverside reserve the right to refuse access to students who   * have symptoms consistent with a contagious disease * who have been in contact with someone who tests positive for a contagious disease within 14 days of the session * are asked to self-isolate for either of the above or other reasons | | |
| Doctor’s Name: | Surgery Name: | |
| **Parent/Guardian Consent**  In the event of an accident, should you be unable to contact me, I give my consent for my child, named above, to receive medical attention, including x-ray, if necessary. | | |
| Signed: | | Date: |

## *PHOTOGRAPHS AND IMAGES OF OUR MEMBERS*

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| Guidelines regarding photographic/video images of children The RIVERSIDE THEATRE COMPANY (RTC):  • Will avoid the use of first names and surnames of students in personal photographs or video in any media. The only exception to this will be when a programme is produced for a show.H:\Uploaded to Riverside on Google Drive\Marketing and Creative\Logos etc\riverside.jpg  • Will only use images that it considers appropriate for the organisation, and will only use images of students in suitable dress.  • Will only use such images for promotion and publicity on the RTC website.  • Will ensure that there are never one-to-one photographic/video sessions.  • Will ensure that official photographs/photographers are clearly identified.  Any concerns regarding inappropriate or intrusive photography or video will be reported and investigated through the RTC’s child protection policy (copy available upon request). |

***PARENT/GUARDIAN SIGNATURE***

I would like my child named above to join the Riverside Theatre Company. In signing this form I agree to its membership terms and conditions, including guidelines on use of photographs and images. I also agree to inform the RTC immediately of any changes to the member’s personal, medical or contact details.

I also confirm that I will ensure that all payments are made promptly to Riverside and understand that failure to manage these payments may result in a loss of a place with the Company.

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| Signed :  Print your name: | **Date:** |

This information is held in accordance with the Data Protection Act 1998.