



KETTERING YOUTH THEATRE GROUP
Existing Members Enrolment Form

| | |
|----------------------|--|
| Name | |
| Date of Birth | |
| Address | |
| Contact numbers | Home: Mobile - Parents: Mobile - child (if appropriate): |
| Email Address | Parents: Child (if appropriate): |
| School/Place of Work | |

I agree to the above named child taking part in the next pantomime and to photographs being taken of my child for the purpose of the promotional advertising of the show and for the programme.

I agree to my child being filmed for the production of a DVD of the show which is available to group members and their families to purchase.

We ask that all volunteers complete a CRB form in line with the groups Child Protection Policy. The current fee for the CRB is £7.20. If you wish to complete a form please indicate here so that we can start the process.

Signed..... Date.....

(To be signed by parent/guardian for those under 18 years of age.)

Annual subscription £25.00 - To be paid by the first audition date for members wishing to take on principal roles and by the first rehearsal for all other cast members. Non-payment by these dates will mean that your child cannot audition or take part in that year's show.

Please return this form together with the annual subscription fee of £25.00 as soon as possible to:- Mrs Karen Larmour (Secretary)

31 Southgate Drive, Kettering, NN15 7AQ

larmour1@ntlworld.com

01536 502089/07584 073466

Cash/cheques enclosed. (Cheques payable to K.Y.T.G.)

PERSONAL INFORMATION

| | |
|--|----------|
| Name | |
| Date of Birth | |
| Address | |
| Emergency Contact name/s | 1) 2) |
| Emergency Contact/s telephone numbers | 1) 2) |
| Doctors name | |
| Doctors Address/telephone number | |
| Medical Condition (s) including allergies | |
| Prescribed medication/treatment | |

Please ensure children have appropriate medication with them at all rehearsals i.e. inhalers/epi-pens.

**ANY INFORMATION DISCLOSED WILL
BE TREATED CONFIDENTIALLY**