

# Roses Young Creatives Registration Form



Thank you for registering with Roses Young Creatives (RYC). Please complete this form in its entirety and return to [getcreative@rosetheatre.org](mailto:getcreative@rosetheatre.org)

## Participant Details

First Name	
Surname:	
Other / Preferred name:	
Pronouns:	
Date of Birth:	

## Please select the group you wish the participant to join:

If the participant is an “old 12 year old” or “young 13 year old”, we are happy for you to choose the most suitable group for their progression. This can be amended at any time.

Time	Group	Fee	Please Tick
4–5pm (Wednesdays)	Juniors (Age 5–8)	£7.00 per session	
5–6pm (Wednesdays)	Intermediates (Age 9–12)	£7.00 per session	
6.15–7.30pm (Wednesdays)	Seniors (Age 13–15)	£8.50 per session	
5pm–7pm (Tuesdays)	Company (Age 16–25)	£10.00 per session	

Please tick if you would like to apply for a bursary ☐

Fees must be paid to The Roses Box Office (**01684 295074**) in advance of each half term. A 15% sibling discount applies to each younger sibling.

Payment plans are available upon request. If you are a recipient of Universal Credit or other benefits, you may be eligible for a bursary or discount. If you would like to find out more information about this, please email Georgia: [getcreative@rosetheatre.org](mailto:getcreative@rosetheatre.org)

Medical Information

Does the participant have any medical conditions or allergies we should be aware of?

☐ Yes    ☐ No

If yes, please detail here:

Does the participant have any additional needs?

☐ Yes    ☐ No

If yes, please detail here:

Please use this space to tell us anything else we may need to know:

Parent/Guardian (Emergency Contact)

Full Name:	
Relationship to participant:	
Address:	
Postcode:	
Date of Birth:	
Telephone Number:	
Email:	

Emergency Contact 2 (optional)

Full Name:	
Relationship to participant:	
Address:	
Postcode:	
Date of Birth:	
Telephone Number:	
Email:	

## Doctor's information:

GP Name:	
GP Address:	
Postcode:	
Telephone Number:	
Email:	

## I consent to...

- ☐ The participant taking part in this programme
- ☐ The Roses keeping a record of this form for health and safety purposes
- ☐ Any medical treatment that my child may need to be given in an emergency
- ☐ My child being filmed or photographed during the programme, with the possibility that these photographs/media recordings may be used in marketing and publicity with third party organisations.

Would you like to be contacted via email by The Roses about other activities that may interest yourself or the participant?

☐ Yes   ☐ No

Signed by Parent / Guardian:

Date:

All images and data are protected in line with the Data Protection Act 2018 and GDPR compliance. Images may be shared externally with third party partners of The Roses for promotional material.