

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

Participant Details

First Name	
Surname:	
Other / Preferred name:	
Pronouns:	
Date of Birth:	
Age on 1st November 2022:	

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.

Spring Term: 11/01/23–29/03/23 at Expressive Arts Rooms, Tewkesbury School

Time	Age Group	Fee	Please Tick
4–5pm	Age 5–8	£7.00 per session (£77)	
5–6pm	Age 9–12	£7.00 per session (£77)	
6.15–7.30pm	Age 13–15	£8.50 per session (£93.50)	
7.30–9.30pm	Age 16–25	£10.00 per session (£110)	

Fees must be paid to The Roses Box Office (**01684 295074**) in advance of each 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

Medical Information

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

Yes No

If yes, please detail here:

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Does the participant have any additional needs?

Yes No

If yes, please detail here:

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

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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

Do you consent to the participant being photographed/filmed?

Yes No

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.

Signed by Parent / Guardian:

Date:

