



ENROLMENT FORM Towngate Youth Theatre

5-7 years

Please complete this enrolment form to the best of your ability and return to Hayley Mitchell at the Towngate Theatre.

Name:	
Address:	
D.O.B:	
School:	
Parent/Guardian:	
Telephone Number:	
Mobile Number:	
Email:	
Any Additional Needs (Please specify):	
Any allergies or other illnesses (Please specify):	

Signed (Print Name): _____ Signature: _____

Date:

For Office Use Only

Date Received: _____

Received By: _____

Towngate Theatre

Tel: 01268 205 300

Email: eando@basildon.gov.uk

Website: www.towngatetheatre.co.uk

Emergency Contact #1:	
Relation:	
Address:	
Emergency Contact Number:	
Emergency Contact #2:	
Relation:	
Address:	
Emergency Contact Number:	

EMERGENCY CONTACT INFORMATION

I hereby sign to allow permission for my child/young person (name) _____ to be photographed/filmed and for these to be used within advertising.

I confirm that they are medically capable to participate in any upcoming shows and events and I understand that it is my responsibility to inform Towngate Theatre and HAPA of any changes that may occur to this. I understand that once signed in, Towngate Theatre and HAPA are responsible for my young person then and only then, until my young person is signed out.

Signed (Print Name): _____ Signature: _____

Date: