

## Summer Academy Registration Form 2017



**Name of Child /Young People:**

**Address:**

**Telephones No's:**

**Date of Birth:**

**Name of School or College:**

**Age:**

**School Year Group 2016/17**

**Details of parent/guardian**

**Relationship to Child/ Young Person:**

**Contact No's in emergency:**

**Email:**

**MEDICAL NEEDS AND EMERGENCY PROCEDURES**

**IT IS ESSENTIAL THAT THESE ARE GIVEN FOR HEALTH & SAFETY PURPOSES**

Has your son/daughter any medical conditions or allergies ? YES - NO  
*If yes give details*

Has your son/daughter any special requirements? (*Diet, access, mobility, speech vision, hearing etc...*) YES – No  
*If yes please give details*

**In the event of CRAIC being unable to contact the person named above in an emergency, please nominate a second responsible adult we could contact:**

Name

Tel No:

Relationship to child/young person?

**Can Craic produce photos or video footage of your child which will be used for promotional and archival purposes by the Theatre YES – NO**

**I give consent for my son/daughter to take part in Craic activities to include workshops and performances YES –NO**

**I allow my daughter/son to leave CRAIC premises alone YES –NO**

*Signature of parent/guardian*

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