

Please complete and return to production@mvtlc.org or to
The Embassy Theatre, Grand Parade, Skegness, Lincs PE25 2UG

Students Personal Information	
Full Name	
Date of Birth	
Residential Address	
Identifying Gender	
School Attending	
Any Allergies / Medical Conditions (Please give details)	
Any Additional Needs	
Any special talents, preferred discipline or things that would be useful to know so that your child gets the most out of their experience with us?	

Parent/Guardian/Next of Kin Information (Emergency Contact 1)	
Full Name	
Relationship To Student	
Contact Telephone Number	
Contact Email	
Parent/Guardian/Next of Kin Information (Emergency Contact 2)	
Full Name	
Relationship To Student	
Contact Telephone Number	
Contact Email	

CONSENT:	
I give permission for my child to attend the Embassy Theatre Workshop(s). I understand that it is my responsibility to ensure my child is dropped off and collected at the start and end of each workshop.	
I also give permission for publicity photographs/video to be taken of my child which may be used for publicity purposes. This may include posts on social media	YES/NO
I give my permission to administer First Aid to my child when appropriate	YES/NO
Signed	
Name (block capitals)	Date

Data Protection: Please refer to the Magna Vitae Trust for Leisure and Culture Privacy Policy for more detailed information.
This is at <https://www.magnavitae.org/privacy-policy/>