

EMBASSY THEATRE ACADEMY

Workshop Registration/Application Form

Please complete the form below completely and accurately and return to
The Embassy Theatre Box Office - along with payment.

Alternatively please post with a cheque, made payable to **MAGNA VITAE**, to:
Embassy Theatre Academy, Grand Parade, Skegness, Lincolnshire PE25 2UG.

Personal Information	
Student Full Name	
Date Of Birth	
Gender	
Nationality	
School/College Attending	
Student Home/Residential Address	
Student Mobile Phone Number (if applicable)	
Student Email (if applicable)	

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

Further Information

Please use the space below to provide us with any information such as allergies/medical conditions/behavioural issues/mental ill health difficulties/learning difficulties/physical disabilities/personal care requirements you feel we may need to know

Please use the space below to provide us information in relation to medication you may have to take whilst in our care e.g. inhaler, epi-pen etc. and if you can self-medicate or require support from a member of staff.

Data Protection:

Your information will be processed in accordance with the law, in particular the Data Protection Act 1998. The information you provide will only be used for Magna Vitae purposes unless we are requested by law to do other wise.

Consent:

I give permission for _____ to attend the **Embassy Theatre Academy Workshops**

Based at _____ and subsequent rehearsals/performances as advised.

- I understand that it is my responsibility to ensure that they are dropped off and collected at the start and end of each session – locations as advised.
- I give permission for photographs to be taken during rehearsals and used as promotional material for the Embassy Theatre Academy.

Payment Information:

- I agree to pay the **full term fee** as advertised for _____ to attend the **Embassy Theatre Academy Workshops** as listed in the knowledge that no part payments or refunds will be granted for missed sessions.
- In the event of non-payment an official invoice will be raised for the full amount and pursued.

Signed _____ Date _____

Print Name _____

Relationship to Student _____

Academy Principal: **Clare Allen**

Email: eta@mvtlc.org | Leave a message: 01507 613427 | Pay term fees: 01507 613100

www.facebook.com/EmbassyTheatreAcademy/

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