Students Personal Information

Full Name



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

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?				
Darant/Cuardian/Novt of	Kin Information (Emergency Contact 1)			
Full Name	Kill information (Emergency Contact 1)			
Relationship To Student				
Contact Telephone Numb	er			
Contact Email				
Parent/Guardian/Next of	Kin Information (Emergency Contact 2)			
Full Name				
Relationship To Student				
Contact Telephone Numb	er			
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 YES/NO				
for publicity purposes. This may include posts on social media			123,113	
I give my permission to administer First Aid to my child when appropriate			YES/NO	
Signed				
Name (block capitals)		Date	Date	

Delivered by:

MAGNA VITAE

TRUST FOR LEISURE & CULTURE