

Registration form



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ACT1 YRS 1 - 3

ACT2 YRS 4 - 6

ACT3 YRS 7 - 11

ACT4 YRS 6 - 9

ACT5 YRS 9+



Student's name	
Date of Birth	
Address:	
Postcode:	
Telephone number:	
Alternative telephone number:	
Parent/Guardian (Please print clearly) E-mail:	
School: Year:	
Please give any medical details of which we should be aware:	
We would like permission to use images on The Drama Club's website or social media page	Please circle one: Yes No
Please indicate if your child is over 12 years old and has your permission to leave the Club unaccompanied when the session is over.	Please circle one: Yes No
We need permission to email you with details of The Drama Clubs term dates, holiday clubs & auditions.	Please circle one: Yes No
Signature (Please sign, date and tick)	I have agreed to the Terms & Conditions on The Drama Club website: <input type="checkbox"/>