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c/o 6-7 Belle Business Park , Greatham Street , Hartlepool , TS25 1PU  
Tel – 01429 867060 Fax – 0871 900 5886

**CONFIDENTIAL**

**MEMBERSHIP APPLICATION FORM**

**NAME OF MEMBER**

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**ADDRESS**

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(Please include postcode)

**TEL NO.**

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**DATE OF BIRTH**

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**SCHOOL ATTENDING**

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We produce regular newsletters to parents with information on the day to day running of the group, events, productions and developments. As of April 2011, these are only sent to parents via email to parents and members. Please provide email details below. You may add one for the member and upto 2 parents/guardians. Please see a member of staff if you need additional email sending.

**MEMBER'S EMAIL ADDRESS**

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**PARENT / GUARDIAN NAME (1)**

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**PARENT / GUARDIAN EMAIL ADDRESS (1)**

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**PARENT / GUARDIAN NAME (2)**

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**PARENT / GUARDIAN EMAIL ADDRESS (2)**

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If you do not provide email details, you will need to ensure that you call in to the building regularly to collect a paper copy of any communications.

**EMERGENCY CONTACT DETAILS**

**NAME OF CONTACT**

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**RELATIONSHIP TO CHILD**

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**TELEPHONE NUMBER**

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Please ensure that this contact is someone who is easy to get in touch with

The next section of this form looks at the new members health. Some of this information is required to obtain an Entertainments License for the member and the rest required by Footlight Youth Theatre to ensure that we cater for the child's needs. Please answer every question as fully as possible.

## HEALTH QUESTIONNAIRE

1) Which General Practitioner (doctor) is your Child registered with?

Name

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Address

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2) Do you have any worries about your child's health?

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3) Is your child under the care of any hospital consultant ? YES / NO (Please circle)

If yes, please give the name and hospital of the consultant.

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4) Does your child require any medication? YES / NO (Please circle)

If so, please give details

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5) Does your child wear a hearing aid or glasses.?

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6) Are there any other problems which we should know about ?

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7) Please indicate if your child suffers from any of the following specific health issues.

Health Issue	Yes	No
High blood pressure		
Heart trouble or rheumatic fever		
Back problems or slipped disc		
Colour blindness		
Dermatitis or skin trouble		
Gastric or duodenal ulcer		
Ear problems		
Sight problems		
Chest problems (bronchitis, tuberculosis, asthma, hay fever)		
Swollen ankles or varicose veins		
Diabetes		
Rheumatism or fibrosis		
Epilepsy, fainting attacks, dizzy spells, fits		
Headaches or migraine		
Nervous or stress related illness		
Hernia		
Food or other allergies		
ADD or ADHD		
Dyspraxia		
Any other Special Educational Needs		
Have you had any serious accidents at school or elsewhere?		
Are you currently receiving medical treatment?		

If you have answered 'Yes' to any of the above, please supply further details below:

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**NOTE: IF YOUR CHILD HAS ASTHMA, PLEASE ENSURE THAT THEY HAVE AN INHALER WITH THEM DURING EVERY SESSION. ALTERNATIVELY, YOU MAY LEAVE ON LOCKED WITHIN THE OFFICE BETWEEN SESSIONS.**

8) In your opinion, what is the current reading level of your child.

Are they.....

- Below the level of other children of the same age
- About the same level of other children the same age
- Better than other children the same age.

**PLEASE ENSURE THAT YOU HAVE READ AND SIGNED THE DECLARATION ON THE REAR OF THIS FORM**

## STATEMENT OF INTENT

I \_\_\_\_\_ (Full name of Parent/Guardian) have read and fully understood the content of the Parent/Member handbook.

Furthermore, I agree to abide by all conditions of membership and will ensure that my child does so.

I understand that it is my responsibility to check the provided email addresses regularly for communications from Footlights or check in the reception area for latest information.

I understand that Footlight Youth Theatre will apply for an Entertainments License for each production for my child and that this will necessitate information contained on this form being supplied to Hartlepool Borough Council's Children Services Department. I am happy for this exchange of information to take place on my behalf.

I understand that it is my responsibility to ensure that information held by Footlights regarding my child is accurate and up to date, in particular information relating to health, schooling and contacts. If I fail to keep Footlights updated, I understand that this will absolve Footlights from responsibility of actions that are a direct result of lack of information.

**SIGNED**

\_\_\_\_\_

**RELATIONSHIP TO CHILD**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

### OFFICE USE ONLY

DATE OF JOINING		DATE ON GAM		DATA ON MIS / ACT	
DATE WEB INFO SENT		WEL LET SENT		ACTIVE ON REG	