

## Appendix 2

### Kids Week Registration Form



Please read this carefully, making sure you have signed the form and completed all relevant sections. This form must be handed to a representative on the day of the activity in order to admit your child.

Name of activity \_\_\_\_\_

Date of activity \_\_\_\_\_

Child's name \_\_\_\_\_ Male / Female

Age \_\_\_\_\_ Date of birth \_\_\_\_ \_\_ \_\_ dd/mm/yyyy

Parent / Guardian's name \_\_\_\_\_

Mobile number (in case we need to contact you on the day) \_\_\_\_\_

Emergency contact details if the above number cannot be reached

\_\_\_\_\_

Does your child have any dietary or medical requirements we should be aware of?  
Yes / No

If yes, please specify:

\_\_\_\_\_

If the opportunity arises, are you happy for your child to take part in any press or publicity surrounding the event which will include their image being reproduced for such purposes, eg social media, photographs, interviews, broadcasts?

Yes / No

Do you consent to a qualified staff member administering First Aid to your child if necessary?

Yes / No

**If necessary, do you consent to a staff member accompanying your child to Accident and Emergency, until you are contacted?**

**Yes / No**

**Can you confirm that you will collect your child at the end of the workshop, if applicable?**

**Yes / No**

**If you are unable to collect your child in person, please nominate the person permitted to collect your child, along with their contact details. Your child will only be released to yourself or the person nominated.**

**Name** \_\_\_\_\_

**Contact number** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**For Kids Week Representative records only**

**Child collected by** \_\_\_\_\_ **at** \_\_\_\_\_ **(time)** \_\_\_\_\_

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