



Registration and Medical Form Vamos Youth Theatre/Vamos Central

Confidentiality:

Data collected on this form will be stored securely and never shared with any third-party person or organisation. The information will be used for the purpose of contacting the named about Vamos Theatre activities and dealing with their specific needs.

Company Member Details

Full Name:	
Address:	
Date of Birth:	
Email Address:	
Mobile Number:	

Parent/Guardian Details

Full Name:	
Home Tel Number:	
Mobile Number:	
Email Address:	

Emergency Contact Details

Please provide details of someone who can be contacted in the case of an emergency (who is not listed above)

Full Name:		Relationship to Company Member:	
Day Time Tel Number:		Mobile Number:	

Medical Information

Any specific medical conditions requiring medical treatment?	YES: Please give details (continue on separate sheet if necessary)	NO
Details of medication required (pain/flu/inhaler etc):		
Any specific medical condition or disability?	YES: Please give details (continue on separate sheet if necessary)	NO
Any allergies?	YES: Please give details (continue on separate sheet if necessary)	NO
Details of any dietary requirements:	YES: Please give details (continue on separate sheet if necessary)	NO

Consent Information: please tick the boxes below

<input type="checkbox"/> I give my consent that if an emergency medical situation arises, Vamos Theatre acts as <i>loco parentis</i> . If the need arises for administration of first aid and/or other medical treatment, which in the opinion of a qualified medical practitioner may be necessary, I understand this may be acted upon.	
I confirm that I have read, or been made aware of, Vamos Theatre's policies on:	
<input type="checkbox"/> Code of Conduct	
<input type="checkbox"/> Photography and videoing, texting and use of social media	
Signature of Company Member:	
Print Name of Company Member:	
Date:	
Signature of Parent / Guardian:	
Print name Parent / Guardian:	
Date:	