

Youth Actor Registration

ACTOR

PARENT/GUARDIAN

First Name _____

Name _____

Surname _____

Address _____

Other Name Known By _____

Date of Birth _____

Gender _____

Post Code _____

Phone Number _____

e-mail _____

Emergency Contact 1 _____

Emergency Contact 2 _____

Phone Number _____

Phone Number _____

Special Requirements: Please give details of any needs or requirements that your child has
(continue overleaf or on a separate sheet if needed)

Medical Information: Please give full details of any medical conditions that your child has,
including any recent illnesses or injuries (continue overleaf, if needed)

First/Emergency Aid: In signing this form you are giving express permission for your child to
receive first/emergency aid and understand in doing so that there will be
physical contact between your child and a first aider. Your child may also be
taken off site, if appropriate, in order to receive emergency treatment.

Picking Up: I CONSENT / DO NOT CONSENT to my child leaving sessions unaccompanied

Media Consent: Please delete below as appropriate.

I CONSENT / DO NOT CONSENT to the above named actor being recorded
in any media forms during their learning or performances, regardless of
location. We may use this material in publicity and promotion.

By signing this form you are confirming that you have authority to do so for all items above. Should
you require any assistance at all in completing this form the speak to one of the coaches.

Signed _____

Name (printed) _____

Relationship to Actor _____

Date _____

Please inform us by e-mail to info@blackstarmaniacs.com immediately upon changes to the information provided above.