



MEMBERSHIP APPLICATION FORM

Please complete all sections on all pages of the form, making sure you tick the boxes to agree to the Terms & Conditions.

SECTION 1:

PARENT/GUARDIAN/STUDENT (IF OVER 18) DETAILS

FULL NAME:

ADDRESS:

TELEPHONE/
MOBILE:

EMAIL:

SECTION 2:

ADDITIONAL CONTACT DETAILS

FULL NAME:

ADDRESS:

TELEPHONE/
MOBILE:

RELATIONSHIP
TO STUDENT:

SECTION 3:

STUDENT DETAILS

FULL NAME:
(N/A IF OVER 18)

LIKES TO BE
KNOWN AS:

DATE OF
BIRTH:

Are there any **MEDICAL CONDITIONS, ALLERGIES, SKIN COMPLAINTS** or other circumstances which you would like nine lives theatre company to be aware of?

SECTION 4: ADVERTISING

Please check this box if you would **NOT** like your child's photograph to appear anonymously in any of our publicity material such as brochures, advertisements, our website and workshop DVDs.
Please note ticking this box will exclude your child from some projects.

SECTION 5: GDPR

By ticking this box you are indicating that you have read, understood and agree to the information and terms listing in the **DATA PROTECTION NOTICE IN COMPLIANCE OF GENERAL DATA PROTECTION REGULATION** that was supplied with this form.

SIGNED:

ON BEHALF
OF:

DATE:

SECTION 5: DECLARATION & SIGNATURE

Please tick this box to indicate you have read, understood and agree with our **TERMS AND CONDITIONS** document that was supplied with this form.

I, being the parent or legal guardian of

declare that the information provided in this application is correct.

SIGNED:

PRINT NAME:

DATE: