

<b>Surname:</b>	<b>First Name:</b>	<b>DOB:</b>
<b>Address:</b>	<b>Home Telephone:</b>	<b>Parent/Guardian name:</b>
	<b>Parent Mobile:</b>	
	<b>Parent email:</b>	
<b>School:</b>		
<b>Additional contact (name/relationship/phone):</b>		
<b>GIFT AID</b>		
<p>As a registered charity, RTC is able <b>claim gift aid</b> on membership fees and some other payments. Please complete the section below if you are happy for RTC to claim Gift Aid on your donations. You only need to pay around £100 tax a year for us claim gift aid for attendance at all Riverside classes.</p> <p>I wish the Riverside Theatre Company registered charity to treat any eligible payments I make as Gift Aid donations from when my child(ren) joined Riverside Theatre Company. I will notify you of any change in my circumstances which affect Gift Aid refunds,</p>		
<p>Name (Title, First and Surname): Address:</p>		
<p>I am a UK taxpayer and hereby authorise RTC to claim gift aid on all eligible payments now, for the past 4 years and in future years.</p>		
Signed:		Date:

**One of joining fee for new members is £15**

**There is a production fee for each show you take part in with a paying audience. This buys your rehearsal materials, show t-shirt for the show and photos this is per show**

Group Name	Ages	Day/Time	Annual Membership	If paid termly	If paid monthly	Tick
Musical Theatre – Juniors	7-12	Sunday 14:00 -17:00	£360	£120	£30	
Musical Theatre – Seniors	12-18	Sunday 14:30 -18:00	£432	£144	£36	

- ★ Fees are payable on the 1<sup>st</sup> of each month and throughout the year (**including summer months if paid monthly**). As standing orders can take some time to be processed by the bank, the first month's fees should be paid by cash or cheque. There are reductions for full annual or termly payments (5% for early annual payment, 3% for termly payments)
- ★ Should a member decide to leave RTC, then written or e-mail notification is required, otherwise we expect payment for monthly fees to continue to be paid. Cancellation of the standing order is the responsibility of the payer.
- ★ If you have two or more children at Riverside the committee allow a £2 per child per month reduction on fees. This can be withdrawn if fees are not paid promptly or at the discretion of the committee.

## **STUDENT'S MEDICAL INFORMATION**

Please provide details of any medical conditions or allergies that your child may suffer from i.e. epilepsy (stroboscopic lighting may be used in productions) diabetes, asthma, allergies (such as penicillin or adhesive plasters), etc: We would also like to know if they have any special educational needs we should be aware of so we can be sure we give them the most appropriate attention during our sessions.	
Doctor's Name:	Surgery Name:
<b>Parent/Guardian Consent</b> In the event of an accident, should you be unable to contact me, I give my consent for my child, named above, to receive medical attention, including x-ray, if necessary.	
Signed:	Date:

## **PHOTOGRAPHS AND IMAGES OF OUR MEMBERS**

 <u>Guidelines regarding photographic/video images of children</u>
<p>The RIVERSIDE THEATRE COMPANY (RTC):</p> <ul style="list-style-type: none"><li>• Will avoid the use of first names and surnames of students in personal photographs or video in any media. The only exception to this will be when a programme is produced for a show.</li><li>• Will only use images that it considers appropriate for the organisation, and will only use images of students in suitable dress.</li><li>• Will only use such images for promotion and publicity on the RTC website and when released to all password holders via the secure area of the RTC website.</li><li>• Will ensure that there are never one-to-one photographic/video sessions.</li><li>• Will ensure that official photographs/photographers are clearly identified.</li></ul> <p>Any concerns regarding inappropriate or intrusive photography or video will be reported and investigated through the RTC's child protection policy (copy available upon request).</p>

## **PARENT/GUARDIAN SIGNATURE**

I would like my child named above to join the Riverside Theatre Company. In signing this form I agree to its membership terms and conditions, including guidelines on use of photographs and images. I also agree to inform the RTC immediately of any changes to the member's personal, medical or contact details.

Signed :	<b>Date:</b>
Print your name:	

This information is held in accordance with the Data Protection Act 1998.