



2022-23 STUDENT DETAILS

Surname:	First Name:	DOB:
Address:	Home Telephone:	Parent/Guardian name:
	Parent Mobile:	
	Parent email:	
School:		
Additional contact (name	e/relationship/phone): Another adult fo	or emergency contact please
	GIFT AID	
complete the section below if	is able claim gift aid on membership fees a you are happy for RTC to claim Gift Aid on y s claim gift aid for attendance at all Riverside	your donations. You only need to pay
I wish the Riverside Theatre (Company registered charity to treat any eligi ed Riverside Theatre Company. I will notify y	ible payments I make as Gift Aid donations
Name (Title, First and Surnan Address:	ne):	
I am a UK taxpayer and hereby a years.	authorise RTC to claim gift aid on all eligible payn	nents now, for the past 4 years and in future
Signed:	Date:	·

GO Cardless – automated payments set up as Direct Debits

All payments to Riverside are now made via GO Cardless. You will receive an **email** for each individual '*payment plan*', clicking on this link sets up your payment to be collected automatically via your bank on the terms agreed. Each type of payment listed below will be created through a separate payment plan. Failure to complete the set-up of this payment plan means that the student may no longer attend sessions.

- Joining fee £15 for your Riverside Uniform and future admin costs single payment
- Production fee for each show with a paying audience (will be £30) and will include rehearsal material and a show themed Riverside shirt to be worn in rehearsals – set up for each show (will be identified by show name)
- Monthly membership fees (as noted below) revised annually, monthly recurring payment
- If you have two or more children at Riverside, there is a £2 sibling reduction applied to your payments per month per child
- One of payments may be made to our bank Natwest Riverside Theatre Company 52-10-46, 25792490

Group Name	Ages	Day/Time	Monthly	Tick
Musical Theatre – Juniors	7-12	Sunday 14:00 -17:00	£34	
Musical Theatre – Seniors	12-18	Sunday 14:30 -18:00	£40	

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. Please note that Riverside reserve the right to refuse access to students who

- have symptoms consistent with a contagious disease
- who have been in contact with someone who tests positive for a contagious disease within 14 days of the session
- are asked to self-isolate for either of the above or other reasons

Doctor's Name:	Surgery Name:				
Parent/Guardian Consent 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



Guidelines regarding photographic/video images of children

The RIVERSIDE THEATRE COMPANY (RTC):

- 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.
- Will only use images that it considers appropriate for the organisation, and will only use images of students in suitable dress.
- Will only use such images for promotion and publicity on the RTC website.
- Will ensure that there are never one-to-one photographic/video sessions.
- Will ensure that official photographs/photographers are clearly identified.

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).

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.

I also confirm that I will ensure that all payments are made promptly to Riverside and understand that failure to manage these payments may result in a loss of a place with the Company.

	Date:
Signed:	
Print your name:	

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