

Section C and D to be completed by the Parent/Guardian of those aged under 18

Section A: Member Details	
Name	Age:
Address:	
Home Telephone:	Mobile:

Section B: Parent(s)/Guardian(s) Details		
1 Name:	Home Telephone: Mobile:	
2 Name:	Home Telephone: Mobile:	
I (Parent/Guardian) consent to be contacted for the purpose of verifying my identity as parent/guardian of my child and to receive text messages regarding workshop times and details of theatre visits. Please tick to consent: <input type="checkbox"/>		
Medical Conditions/Additional Requirements If you do not have sufficient space to provide full details, please complete the attached Additional Information Sheet . Any information provided will be treated as confidential and managed in line with the youth theatre's Confidentiality Policy .		
1 Does your son/daughter/ward have any additional requirements? e.g. physical disability, learning difficulties or literacy issues <i>If 'Yes', please give details</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Does your son/daughter/ward have any medical conditions of which we should be aware? <i>If 'Yes', please give details</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 Does your son/daughter/ward have any allergies? <i>If 'Yes', please give details</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 Is there any other information we need to be aware of that may impact on your son's/daughter's participation in youth theatre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<i>If 'Yes', please give details</i>		
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Section C: Parental Consent		
I give consent for:		
1 My son/daughter/ward's personal data, as provided, to be processed in line with the purposes detailed in the Privacy Statement at the end of this form.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 My son/daughter/ward to attend weekly drama workshops.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 My son/daughter/ward to leave Siamsa Tíre at break time to buy snacks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 Photograph/Video Footage of my son/daughter/ward to be taken during youth theatre events.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5 Photographs/Video Footage including my son/daughter/ward to be used publicly in posters/flyers and/or newspapers for publicity purposes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6 Photos/Video footage to be stored and used for archival purposes (All photos/video footage will be managed in line with the youth theatre's Use of Images Policy).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7 First aid/medical assistance to be sought in the case of an emergency.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8 I have disclosed all relevant information with regard to any medical conditions and any additional requirements that relate to my son/daughter of which I am aware.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9 I have read the Information Sheet provided by the youth theatre.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10 I have enclosed the membership fee of €75 cheque/postal order/cash*.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed _____ Date: _____		
<i>*If you wish to discuss payment or paying by installments, or any other matter in relation to the above, please do not hesitate to contact Laura Gibney or Catriona Fallon: 066) 7123055].</i>		

Section D: Members' Consent For Photos		
I give my consent for photos/footage of me to be taken during youth theatre activities and for them to be used for publicity and for the youth theatre archive.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed _____ Date: _____		

Please return to Laura Gibney, Siamsa Tíre, Town Park, Tralee, Co Kerry by 13th October.

Additional Information relating to Medical Conditions or Additional Requirements.

Please note if you would like to discuss any of the information relating to your son's/daughter's medical conditions or additional requirements with us, please contact [Catriona Fallon](#). We may also contact your for clarification or more information if necessary.

Parental Consent for use of personal data:

Free Radicals Youth Theatre will use personal data only where consent to do so is affirmative, freely given, specific, informed and unambiguous. The below privacy statement provides information on why we gather and how we will use your son's / daughter's personal data.

The Data Protection Contact Person at **Free Radicals Youth Theatre** is **Catriona Fallon**. You can contact this person if you have a question regarding how your son's/ daughter's personal data will be processed, on generalmanager@siamsatire.com or on 066) 7123055

Privacy Statement

The personal data requested in this form is collected solely for the purpose of supporting your son's/ daughter's participation in **Free Radicals Youth Theatre**

Data such as contact details will be used to communicate with you and your son/ daughter in relation to your son's /daughter's membership of the youth theatre.

Data such as gender and age is used to ensure your son / daughter is assigned to aspects of the youth theatre activities that are age appropriate. It also helps us to make accommodation and other arrangements in the case of trips or residencies your son/ daughter may participate in during their time in membership of the youth theatre.

Details of your son's /daughter's age and gender are also provided to funders and Youth Theatre Ireland to generate statistical information but are aggregated with all members and not directly linked to your son/ daughter personally or used to identify your son/daughter to third parties in any way.

Sensitive personal data such as details of medical conditions or other personal needs are collected so that we can ensure the safety and welfare of your son / daughter whilst participating in the youth theatre.

Your son's/ daughter's personal data will only be shared with those who need to know it, and only disclosed to a third party in the case of an emergency such as if they become ill or have an accident that requires medical attention.

Images including video will be collected for the purpose of promoting and documenting the activities of **Free Radicals Youth Theatre** and for archival purposes. Images will be managed safely in line with our Use of Images Policy. The promotion of our productions and other events requires that on occasions images will be used in the public domain.

Free Radicals Youth Theatre will retain personal data on file **for the duration of that young person's membership in the youth theatre and for two years after they leave at which point it will be destroyed.**

Personal data in the form of photographic images and video will be retained permanently or until such time they become obsolete for the purpose of promoting and documenting the activities of **Free Radicals Youth Theatre**.

Your rights:

Free Radicals Youth Theatre is committed to upholding yours and your son's /daughter's rights as provided for by the General Data Protection Regulation (GDPR) including:

- The *right to be informed* about how we will use your personal data.
- The *right of access* to a copy of the personal data we hold and information on how we process it.
- The right to have incorrect or incomplete personal data corrected.
- The '*right to be forgotten*' and have personal data deleted if you so request.
- The *right to restrict* how we process your personal data.
- The *right to object* to the processing of your personal data.
- The right to data portability

To be completed by Parent/ Guardian

I consent to the use of the personal data provided for the purposes outlined in the above Privacy Statement.

Signed: _____ Date: _____