

# BORDERS YOUTH THEATRE: Spring Term 18/19

Enrolment forms must be completed each term please.

I wish to enroll in the workshops classes at

(location e.g. Kelso) and/or Volunteer

Please circle age group: JUNIORS (Age 8 to P7)

SENIORS (S1 to age 25)



Participant's Name	
Date of Birth	Current Age
Address	
Postcode	School Attended
Name of Parent/Carer (if participant under 18) (Or person likely to collect child at end of workshop)	
Home/Main Telephone	
Emergency Contact Name(s) and Telephone number(s) Please ask permission	
Contact email*	

You Consent to Participant's details being held on a database for membership purposes only. E-mail and phone numbers will only be used to contact you for details about BYT Workshops, Projects & events, & will not be passed to other parties without permission.	YES	NO
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On Occasions we would also like to let you know about opportunities to be involved in projects or attend events run by other arts organisations. PLEASE LET US KNOW if you would like to receive this information	YES	NO
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## Medical and Other Information

Name of Doctor/Medical Practice

**Parents/Carers Please inform BYT of any special needs, medical conditions, allergies or medications. Please give any relevant information in the space below (continue over if needed.)**

## Adult Consent and Permissions for under 18s

Please complete permissions for the following. (Please tick appropriate box)

I **DO/DO NOT** give permission for BYT leaders to seek emergency medical help.

I **DO/DO NOT** give permission for my daughter/son to leave the premises unaccompanied.

I **DO/DO NOT** give permission for the use of images/pictures in reports, displays, articles, films or websites. (Individual names will not be used without additional permission)

**I have read Borders Youth Theatres Code of Conduct for Workshop Participants**

For junior groups, we are grateful for the help of parents who are able to be 'on call' at workshops. If you are available to do this on occasion, please tick here.

Signature of Parent/Carer

Date

By signing this form, I agree to notify BYT of any changes to the information given above as soon as possible **You can contact us to have your details removed from our membership list at any time**  
**BORDERS YOUTH THEATRE: WORKSHOP FEES 2018/2019**

- Please make sure we receive payments and completed enrolment forms before the first session of each term.
- Fees can be paid **ANNUALLY OR BY TERM** by **CHEQUE/POSTAL ORDER or STANDING ORDER**. Cheques should be payable to **"Borders Youth Theatre"** and sent to the address below. A standing order form is attached below. **(A copy of this form acts as your invoice)**
- **If possible, please do not bring cash to workshops.**
- We are aware that circumstances sometimes make it difficult to make payments and we do our best to help. **If you are having problems paying fees** please contact our Workshop Co-ordinator.

**PAYMENT OPTIONS: please tick method chosen** cash  cheque  standing  order

**Annual payment £ 160 per participant\***

(\* 2 from same family – 20% - total £288, 3 from same family -20% - total £391)

**Termly Payment: due before first session by cash cheque/online**

(Same Family DISCOUNT)

<b>1<sup>st</sup> Child</b>	<b>Autumn Term £70</b>	<b>Winter Term £50</b>	<b>Spring Term £40</b>
<b>2<sup>nd</sup> Child</b>	<b>Autumn Term £56</b>	<b>Winter Term £40</b>	<b>Spring Term £32</b>
<b>3<sup>rd</sup> Child</b>	<b>Autumn Term £45</b>	<b>Winter Term £32</b>	<b>Spring Term £26</b>
<b>4<sup>th</sup> Child</b>	<b>Autumn Term £36</b>	<b>Winter Term £26</b>	<b>Spring Term £20</b>

Name of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/ Guardian (if under 18)

**Data Controller – The Trustees & Workshop Co-ordinator. Data Processor - Eula Wilkin**

**Cheques to BYT c/o 4 Teviot Cottages, Roxburgh, TD5 8NB, 07392 824301**

**info@bordersyouththeatre.scot**

**Borders Youth Theatre regrets that drama sessions cannot be given to young people if payment is not received**

**BORDERS YOUTH THEATRE: ANNUAL STANDING ORDER FORM**

To set up a standing order please use these account details:

**Account name:** The Members of Borders Youth Theatre

**Sort Code:** 83-23-18 **Account details:** RBS 00173586

**Your Signature** \_\_\_\_\_ **Date of signature** \_\_\_\_\_

**Number of Participants** \_\_\_\_\_

**Total ANNUAL amount payable £** \_\_\_\_\_

**(£160 per participant; Two from same family - £288; Three from same family - £391)**

**First payment date** \_\_\_\_\_

If you wish to pay BYT fees via an ANNUAL OR MONTHLY standing order instruction please take the completed form to your own bank to arrange the standing order. You will also need your own bank account details. Please let the Administrator know of your decision. Thank you.

**Please use your child's name and workshop as a Reference**