GOSFORTH AMATEUR DRAMATIC SOCIETY CHILD PROTECTION PROCEDURES – APPENDIX 2

REGISTRATION FORM FOR GADS PARTICIPANT OF COMPULSORY SCHOOL AGE (U~16)

After reading the GADS Child Protection Policy and Procedures, please complete one copy of this form (legibly) for each participating child, noting that it will cover all activities during the GADS year – Youth Theatre Group, Summer Workshop, Pantomime etc.

GADS Membership Year May 2024 to May 2025

| Child's Name | | _ | Date of Birth | | |
|--|-----------------|--|----------------------|------------------------------------|--|
| Name of Parent or | | - | Telephone number | of | |
| Guardian | | | parent / guardian | | |
| Parent / Guardian's Address | | | | | |
| Alternative (emergency) contact name | | | Telephone number | | |
| Name of GP | | | Location / Tel Num | ber | |
| Do we have your permiss emergency if we are unab | | | r or hospital in an | | |
| For safety reasons, we ask that children are delivered into and collected from the hall, not its car park or the road. | | | | | |
| Who will be collecting yo | our child after | the session? | | | |
| Please note that children must be collected after a performance where chaperones are present | | | | | |
| We do not normally allow children to go off the Public Hall premises while in our care. An exception to this is during the lunchbreak of the Summer Workshop week or full day rehearsals, for example to go to the shop. Please record (tick) any permission in the space below. | | | | | |
| Child can go to the shop alone | | Child can go to the shop accompanied by other children | | Child cannot go to the shop at all | |
| Does your child have any If they take medication, w | | | , - | . asthma)? If yes : | |
| | | | | | |
| Can they self-administer? | , | | | | |
| | | ich need snecial ca | re or which might le | ad to your child needing emergency | |
| treatment (e.g. nut allergy | | | | at to your clint needing emergency | |
| Is the allergy airborne or | ingestion? | | | | |
| Do they have an epipen as | nd if so, when | n was it last used? | | | |
| Can they self-administer? | 1 | | | | |
| Please ensure that they bring medication with them and that it is in date | | | | | |
| Does your child have any special dietary needs? If so, please specify | | | | | |
| | | | | | |
| l | | | | | |

Continuation and signature overleaf

| | here any other information we might need to know about your child in order to meet their needs or keep them ee? If so, please specify. | | | | | |
|-------------------|--|--|--|--|--|--|
| Ph | otography and Video permissions | | | | | |
| Son the the | metimes we take photographs or make video recordings of children taking part in our productions. We may use se images in programmes, other printed publications, on our website, or in our social media accounts, but subject to conditions stated below. To comply with data protection legislation, we need your permission before we can use otographs or video recordings of your child. | | | | | |
| | by we use your child's photograph in programmes and any other printed material that may produce for promotional purposes? | | | | | |
| Ma | y we use your child's image on the GADS website and in our social media accounts? | | | | | |
| | by we use your child's photograph in the evaluation material we need to send to the consor of a show or an event such as the Summer Youth Workshop? | | | | | |
| | by we include your child's image in any video recording of a performance for tribution to members and patrons of GADS only? | | | | | |
| | CONDITIONS | | | | | |
| 1. | A new permission (this form) will be sought for each GADS membership year (May to May). | | | | | |
| 2. | | | | | | |
| 3. | We will review any photographs taken by GADS and delete / destroy any featuring a child for whom photograph permission has not been obtained or was denied (so that it is not used inadvertently in the future). | | | | | |
| 4. | If permission is given, photographs or recordings may be used at any time in the future. | | | | | |
| 5. | We will not use the personal details or full name (first name and surname) of any child or adult in a photograph on our website or immediately adjacent to a photograph in any of our printed publications without your separate permission. | | | | | |
| 6. | We will not include personal e-mail or postal addresses, or telephone or fax numbers on our web site, or in any or our printed publications. | | | | | |
| 7. | We may use photographs with very general labels, such as "the cast of Aladdin". | | | | | |
| 8. | We will only use images of children who are suitably dressed, to reduce the risk of such images being used inappropriately. | | | | | |
| 9. | We will not distribute copies of any video recordings made of any of our performances to anyone other than members and patrons of GADS. | | | | | |
| | fore signing below, please make sure you have read the GADS Child Protection Policy and Procedures. signing, you will be confirming that you have read, agree with and will comply with them. | | | | | |
| Paı | rent's or guardian's signature: | | | | | |
| | onfirm that my child is fit and able to take part in GADS ivities. | | | | | |
| | onfirm that I will inform GADS if any of the information in s form changes materially during the year | | | | | |

After completion, please return this form as soon as possible to the appropriate:

YT Director / Production Director / Summer Workshop Leader etc. or to the Safeguarding Officer.

When completed, this form is CONFIDENTIAL, kept securely and seen only by those who need to know

Date: