

# Fowey Funnybone Youth Theatre

## Child Enrollment Form

Childs Name:

Sex:

Date of Birth:

Address:

Allergies / Medical Needs:

Telephone No:

Mobile:

Parent / Guardian Email:

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I confirm that my child is able to attend rehearsals and take part in Fowey Funnybone Youth Theatres next production\_\_\_\_\_.

I also confirm that I am happy for photographs / videos of the rehearsals and performances be taken, which I understand may feature my child.

Parent / Guardian name:

Signature:

