

Abbey Theatre Youth Group
Registration Form

Name:	
Date of Birth:	
Address:	
Parent/Carer Name/s:	
Contact Phone Number/s for Parent/Carer:	
Contact Email/s:	
Emergency Contact (Not parent or carer):	
Emergency Contact Phone Number:	

I agree to photographs/videos being taken of my child/ren for theatre-related social media page and group posts. Yes / No

Are there any health conditions we need to be aware of (medical conditions, food allergies, etc)?

I understand I will be asked to help during the youth group production by volunteering backstage or providing other support during rehearsals and shows.

Parent/Carer Signature: _____ Date: _____

Theatre Use:

_____ Paid for 2024/2025 membership