



# LUTTERWORTH YOUTH THEATRE ACADEMY

Lutterworth Performing Arts Centre, Hall Park, Hall Lane,  
Lutterworth, Leicestershire. LE17 4LN

01455.553878

[www.lyta.co.uk](http://www.lyta.co.uk)



## SUMMER SCHOOL STUDENT REGISTRATION FORM

Student's Full Name

Preferred name  
(if different from above)

Student's  
D.O.B.

Address

Post Code

Home telephone Number

Parent/Guardian 1 Full Name

Mobile phone Number

Parent/Guardian 2 Full Name

Mobile phone Number

Email  
addresses

1.

2.

Name of school that student attends:

PLEASE LIST OVER PAGE ANY OTHER CONTACT NUMBERS OF WHO TO CONTACT IN THE  
EVENT OF AN EMERGENCY, PLUS ANY ADDITIONAL INFORMATION YOU THINK RELEVANT

PRINT NAME

PARENT/GUARDIAN SIGNATURE

X

Date

### OFFICE USE ONLY

Week Number \_\_\_\_\_ Deposit paid date \_\_\_\_\_ Method (csh)(chq)(payp)

Pre/post (yes) (no) MedQuest [ ] let 1 [ ] let 2 [ ] let 3 [ ]



MEDICAL QUESTIONNAIRE

Registration number  
**Office use only**

Student's Full Name

1. Does your child have any medical condition or injury that would make the activity he/ she has chosen to attend unsuitable? Yes/No\*

\*If yes please give full details

2. Does your child have any allergies that we should be aware of Yes/No\*

\*If yes please give full details

3. Does your child have any learning, reading or behavioural difficulties? Yes/No\*  
 Please include anything else that you think that we need to be aware of:

\*If yes please give full details

I understand that Lutterworth Performing Arts Centre, Home of Lutterworth Youth Theatre Academy, have the right to refuse access to courses based on the information given above.  
 (Must be signed by Parent or Legal Guardian only).

PRINT NAME

PARENT/GUARDIAN SIGNATURE

**x**

Date



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## WORKSHOP BOOKING FORM

Registration number  
**(Office use only)**

Student's Full Name

### TERMS & CONDITIONS

I am legally responsible for the above named person. I wish the above named student to be enrolled in the following workshop(s) and I understand that this application is not a guarantee of a placement, as successful booking of the course will be dependant on places being available

please tick

**Week 1 30/07/12 - 03/08/12**  
Course Fee £40

**Junior Musical Theatre Workshop (3-7 years)**  
I have enclosed a non-refundable deposit of **£10**

**Week 1 30/07/12 - 03/08/12**  
Course Fee £80

**Acting Workshop**  
I have enclosed a non-refundable deposit of **£10**

**Week 2 06/08/12 - 10/08/12**  
Course Fee £80

**Dance Workshop**  
I have enclosed a non-refundable deposit of **£10**

**Week 3 13/08/12 - 17/08/12**  
Course Fee £80

**Musical Theatre Workshop**  
I have enclosed a non-refundable deposit of **£10**

Total Deposit

£

#### Declaration:

I have read a copy of the LYTA Summer holiday prospectus and I agree that my child will adhere to the dress code policy of the Academy. I also agree that my child may be photographed as per the prospectus. I acknowledge that I must pay the balance due for each workshop prior to the 1<sup>st</sup> July 2012. If this is not received by LYTA Ltd by this date then the course placement will be forfeited and the deposit paid retained by LYTA Ltd.

I also understand that students may be withdrawn from the course in the event of their behaviour being disruptive or unsuitable to the ethos of the Academy.

Payment can be made by cheque, cash or paypal. Visit [www.performingartsholidayclub.co.uk](http://www.performingartsholidayclub.co.uk)

PRINT NAME

PARENT/GUARDIAN SIGNATURE

X

Date



PRE & POST WORKSHOP BOOKING FORM

Name of Course attending	
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Student's Full Name	
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Course Title	
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**TERMS & CONDITIONS**

I am legally responsible for the above named person.

I wish the the above named student to attend the pre & post workshop club at the following times on the following days:

	Morning drop off time	Afternoon pick up time	Total number of hours	Amount of fee due
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
			TOTAL	

The above is to indicate to LYTA limited the numbers that will need to be catered for throughout the week. Fees will be charged on an 'as incurred basis'.

Declaration:

I agree to pay the fee of £7.50 per full hour of child care, and £4 per half hour **or part thereof** of child care, to LYTA Ltd. I acknowledge that I must pay the amount of fees due on the final day of the course.

PRINT NAME
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PARENT/GUARDIAN SIGNATURE <b>X</b>
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Date	
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