**Junior Movie Club 10-14yr old’s**

**Registration Form**

**\*Please note your place is only confirmed once you have completed and returned this form to** [**madaboutmovies@gmacfilm.com\***](mailto:madaboutmovies@gmacfilm.com*) **You only have to register once but let us know if you are attending each month.**

|  |  |
| --- | --- |
| Name of young person |  |
| Date of Birth |  |
| Name of Parent/Guardian:  (Emergency Contact Details) |  |
| Relationship to young person: |  |
| Address: |  |
| Postcode: |  |
| Contact Number: |  |
| Email Address: |  |

**As part of Movie club, we provide a free Glasgow taxi home for young people (Glasgow only) Staff are not present in taxis, young people will share taxis with each other and in some instances be on their own. If you do not want your child sent home in a taxi you must collect them from GMAC Film at 6pm.**

|  |  |  |
| --- | --- | --- |
| I am the parent or guardian of: |  | and give permission for them to attend junior movie club and be sent home unaccompanied in a Glasgow Taxi |
| PARENT/GUARDIAN SIGNATURE |  | |

**In the event of an accident or emergency, we would seek medical attention and notify your emergency contact immediately.**

|  |  |
| --- | --- |
| Do you have any allergies? |  |
| Do you require any additional support? |  |

**Monitoring Form**

What best describes your gender? Please circle below.

* Female
* Male
* Transgender
* Non-Binary
* Other
* Prefer Not to Say

Do you consider yourself to have a disability?

* Yes
* No

Do you consider yourself to be from a Black, Asian, or Minority Ethnic (BAME) background?

* Yes
* No

Do you consider yourself to be part of the LGBTQ+ community?

* Yes
* No

Do you consider yourself to be Care Experienced?

This means living or having lived in looked after residential accommodation, foster care or being a carer for someone else.

* Yes
* No