

DATA PROTECTION STATEMENT

Information that you provide to Grayes Theatre Arts is held by myself on a secure computer system. This information will **not be** disclosed to third parties other than the ISTD when required to do so for professional examination purposes only, and will only be used purely for the operation of Grayes Theatre Arts. When providing this information, Grayes Theatre Arts would like permission to contact you by mail, email and / or telephone about our services we offer including our weekly classes, workshops & holiday schools.

You have the right to ask Grayes Theatre Arts to stop communicating with you at any time.

Please confirm your consent by 'ticking' the box below and opting 'in' so that we can keep you informed with all our exciting news and courses.

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and operation of Grayes Th	s that I provided to Grayes Theatre Arts being used for the purpose of course Arts classes, activities, courses & newsletters. Also for any required the sole purpose of professional dance examinations.	
Students Name	Signature	_
Email address	Date	_
 All Grayes Theatre Arts Policies are Privacy Policy Safe Guarding Policy / Child Health & Safety Policy Data Protection Statement 	ailable for you to view on our website <u>www.grayes.co.uk</u> Policy Page otection	
PHOTOGRAPHS & FILM FOOTAGE		

Grayes Theatre A	rts may take p	hotographs and film foot	tage of students during classes, holiday courses, workshops
and performance	s. This footag	e may be used for mar	keting and publicity material to advertise Grayes via our
Website, Social M	ledia platforms	and / or Digital Printing	purposes (Leaflets and Newsletters).
Please tick the box	x that indicates	s your consent for Grayes	s to use any Photographs and Film Footage for this purpose.
I do consent		I do not consent	

Half a term's notice is required and must be given in writing when leaving a class at Grayes.

I certify that so far as I am aware my child is medically fit* to undertake Grayes Theatre Arts classes and there are no known health reasons why they should not do so. I authorise first aid to be provided should this become necessary during class.

 Please provide details to L-A by email of any medical conditions which, whilst may not affect your child's ability to partake in our classes, you consider Grayes teachers should be made aware of.

I have read and agree by signing below to Grayes Theatre Arts Terms and Conditions. These can also be found on our website Policy Page.

Signature Date