



In partnership with Menter Iaith RhCT & Huw M

Taff Street – Pontypridd - CF37 4TS. 01443 490390. <https://www.ymaonline.wales>  
Artis Community Cymuned Ltd. Reg. Co. No. 08179226. Reg. Charity No. 1150201

## Theatr TAFOD Registration

We are excited to welcome you to the brand-new Welsh language youth theatre in Rhondda Cynon Taf! Working together with a team of performing arts industry professionals, you will be involved in creating the first Theatr TAFOD musical and we can't wait to start working together and getting to know you!

Theatr TAFOD is a partnership between Menter Iaith RhCT, musician/composer Huw M and YMa: Man Creu Meithrin Celf | Place for Culture Creativity Arts, and in order for us to provide the most appropriate, supportive and enjoyable experience, we need to learn some important information about you. Please take a little time to complete the following information. If you are under 18 years old at the time of registering, we require the consent of your parent or guardian:

Name: ..... Date of Birth: ..... Male/Female/Other  
(please circle or highlight how you identify)

### Contact Details:

Address:

.....

Mobile (parents/guardian if under 18): .....

Email: .....

Emergency Contact / Next of Kin.....

How did you hear about Theatr TAFOD?

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I confirm that (NAME): ..... will be attending the Theatr TAFOD introductory workshops starting at 10am and finishing at 3pm on **(Please tick one or both of the following dates):**

Saturday 14<sup>th</sup> February 2026

☐ Yes ☐ No

Saturday 21<sup>st</sup> February 2026

☐ Yes ☐ No

#### AGREEMENT:

I consent to photos/videos being taken and used in publicity

and/or for learning purposes.

☐ Yes ☐ No

I consent to receiving the latest news about projects and events.

☐ Yes ☐ No

I give permission for my child (if under 18 years old) to arrive at

and leave the venue on the workshop days unattended

☐ Yes ☐ No

I give permission for my child (if under 18 years old)

to leave the venue (YMa) unaccompanied by an adult at lunch time

☐ Yes ☐ No

**Equal Opportunities:** We request this information to assist us in providing the most appropriate and supportive experience.

Do you have a medical condition

☐ Yes ☐ No

Are you physically disabled

☐ Yes ☐ No

Do you have any additional learning needs?

☐ Yes ☐ No

***If you have ticked or highlighted yes to any of the above, please add details (e.g. asthma, ADHD, diabetes), including communication preferences and barriers to learning:***

.....



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DO YOU TAKE ANY MEDICATION?

☐ Yes ☐ No

If yes, please provide details: .....

### LANGUAGE:

Are you a confident Welsh speaker?

☐ Yes ☐ No

*If no, on a scale from 1-5 where 1 is not confident at all and 5 is very confident, please circle or highlight the number you identify with:*

1 2 3 4 5

Do you speak any other languages?

☐ Yes ☐ No

*If yes please list .....*

### DISCLAIMER:

Workshops of an active nature can involve risk of personal injury. While our experienced, professional arts facilitators take all reasonable care to reduce the risk of injury in our workshops, we accept no responsibility for injury caused during workshops or while participants are at or near the venue. You (for under 18's your parents/guardians) are responsible for ensuring that you are physically and mentally fit for the workshop. **During the workshop you must take responsibility for your own personal safety at all times and not intentionally cause harm to others.**

If you are hurt and medical attention is required, an ambulance will be called or first aid given, are you

happy for medication/anaesthetic or any other care that is needed, to be given? ☐ Yes ☐ No

**Signed by parent/guardian if participant is under 18 years old at time of registration:**

.....

Date: .....

**Signed by participant if 18 years old or over at time of registration:**

.....

Date: .....