

Registration Form

Name: _____ Date of Birth: _____

Age: _____ Date of joining: _____ Telephone: _____

Mobile: _____ Emergency number: _____

Email address: _____ School: _____

Home address: _____

Postcode: _____

Acting: _____ Singing: _____ Dancing: _____ Tick appropriate ones

Previous experience:

Amateur or professional shows / Dance or drama schools / School shows / Choirs / TV etc

Fees: All fees will be paid in advance on a termly basis (fees cover rehearsals and the insurance for your child at rehearsals and at the theatre) There will be additional fees towards costume charges if required. Advance notice will be given.

Religion: _____ Ethnic Origin: _____

Allergies: Please state if your child suffers with any allergies, asthma etc;

Permission to take photographs: I give / I do not give permission to have photographs taken of my child for the purposes of publicity (for the Herald & other press/programme/library displays and our web site, which no names will be used)

Permission for video recording: I give / I do not give permission to have video's/DVD's taken of my child for the purpose of the company show DVD (Sold only to the parents) If you answer no please speak to the person in charge.

Permission to administer medicines: I give / I do not give permission to the person in charge to administer medicines, plasters etc if required during the rehearsals or during the show week.

Parent/carer to sign, print name and date below on behalf of the child member under 16 yrs

Print Name

Signature of parent/carer

Date