

DISNEY PETER PAN Jnr AUDITION REGISTRATION & CONSENT FORM

INFORMATION ABOUT YOU AND YOUR CHILD

Your FULL name _____

Parent or Guardian _____

Your child's FULL name _____

Their date of birth _____

Their age on 15/12/18 _____

Their current school _____

Home address _____

Town _____

Postcode _____

Home telephone _____

Work telephone _____

Mobile telephone _____

Email address _____

Emergency contact _____

Is your child presently being treated for an injury or sickness or taking any medication? *If yes, please give details:*

YES / NO

Is your child presently being treated for an injury or sickness or taking any medication? *If yes, please give details:*

YES / NO

Does your child have a specific condition that would prevent them from participating in normal rigorous activity? *If yes, please give details:*

YES / NO

What is your child's Education Authority

i.e: Dorset or Hampshire

Will your child be performing in any other show during the sixth month prior to opening night? *If yes, please give details:*

YES / NO

CONSENT & CERTIFICATION (Please INITIAL each section and then sign at the bottom of this page)

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in drama activity conducted by staff working for or on behalf of the production 'Disney's Peter Pan Jnr' at THE REGENT CENTRE that is produced by Ginger Boy Productions Limited (GBPL)

I certify that my child is physically fit and adequately prepared and available for all dates detailed online at www.gingerboy.me to participate in this event at THE REGENT CENTRE.

Initials_____

MEDICAL TREATMENT AUTHORISATION

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorise the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I authorise one or more of the following persons (please include a contact number) to make emergency medical care decisions on behalf of my child, if required by law or a health care provider:

- 1.
- 2.
- 3.

or another adult chaperone designated by. I authorise these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anaesthetic, medical or surgical diagnosis or treatment, and hospital care. I understand that GBPL will not be responsible for medical expenses incurred solely on the basis of this authorisation. I also understand that the designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Initials_____

PARENT/GUARDIAN CONSENT FOR PHOTOGRAPHS

I, the undersigned parent, consent to my child(ren,)_____attending the production 'Disney's Peter Pan Jnr' at THE REGENT CENTRE that is produced by Ginger Boy Productions Limited (GBPL) for any function being photographed.

I agree that GBPL shall have the right, but not the obligation, to use my child's photograph or likeness (including caricature), for their website at any time and for any other purpose or materials that are deemed necessary. No other information will be used.

Initials_____

DATA PROTECTION

I understand that the information I provide will ONLY be used by GINGER BOY PRODUCTIONS LIMITED (GBPL). I hereby give permission to be contacted about other education initiatives or productions and co-productions produced by GBPL in the future until I advise otherwise. I understand that the personal information collected about me that can identify me, such as my name or where I live, will not be shared beyond GBPL.

Printed Name of Parent/Guardian:_____Signature of Parent/Guardian:_____

Date: _____