

**DISNEY PETER PAN Jnr AUDITION REGISTRATION & CONSENT FORM**

**INFORMATION ABOUT YOU AND YOUR CHILD**

Your FULL name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Your date of birth \_\_\_\_\_

Your age on 15/12/18 \_\_\_\_\_

Your current school/  
college \_\_\_\_\_

Home address \_\_\_\_\_

Town \_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone \_\_\_\_\_

Work telephone \_\_\_\_\_

Mobile telephone \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact \_\_\_\_\_

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

YES / NO

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

YES / NO

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

YES / NO \_\_\_\_\_

Will you 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, hereby consent to the participation 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 I am physically fit and adequately prepared and available for all dates detailed online at [www.gingerboy.me](http://www.gingerboy.me) to participate in this event at THE REGENT CENTRE.

Initials\_\_\_\_\_

**MEDICAL TREATMENT AUTHORISATION**

I authorise the calling of a doctor and the providing of necessary medical services in the event that I am injured or become ill. I authorise one or more of the following persons (please include a contact number) to make emergency medical care decisions on my behalf, if required by law or a health care provider:

- 1.
- 2.
- 3.

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 any GBPL personnel reserves the right to restrict my activity if they feel it is not within my physical capabilities.

Initials\_\_\_\_\_

**CONSENT FOR PHOTOGRAPHS**

I, the undersigned, consent to the use of my image for 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 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: \_\_\_\_\_