



Cast(s) Name/s

Parent/Guardian's Name

Address

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.....

Postcode

Telephone Number

(i) I am the parent/legal guardian of the cast(s) member named above and I give permission for my child(ren) to be photographed or videotaped whilst in the care of the organisation named above for the following purposes:

- Principal Auditions
- Show Photo Albums
- Displays
- Show Video
- Newspaper Articles

For Child Protection reasons, student's names will not be publicised unless agreed prior to publication.

However if you are happy for their full names to appear in publicity articles *Please tick this box*

(ii) In case of accident or medical emergency I consent to any necessary medical treatment by a qualified first aider. *Please tick this box*

(iii) Please annotate below any medical issues we need to be aware of.

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Signed

Print Name

Parent/Guardian