PLEASE NOTE: Due to licencing restrictions a performance fee cannot be paid to any child appearing in this production

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Imagine Ref No.	

Show Title Sleeping Beauty Junior Chorus Auditions at FTH, Falkirk

Please complete the form below in advance and bring it with you on the day.

Please complete the form below in advance and bring it with you on the day.								
Child's Name (Block Capitals)								
Child's Address (Block Capitals)								
Postcode								
Date of Birth	Gender							
Age on 01/11/2022			Υe	ears			Mont	hs
School year your child will be in during performances (children above year S4 cannot audition)	P5	P6	P7	S1	S2	S3	S4	
School Name								
Education Authority (based on home not school address)								
Name of dance school attending (if any)								
Medical Information - Please advise us of any medical condition we need to be aware of – particularly on audition day. (This information will remain confidential and is for welfare reasons only)								

PARENT/GUARDIAN CONTACT DETAILS

Name	Relationship to child	
Telephone	Mobile	
Parent's Email	Member of the PVG Scheme?	Y/N
(essential)	Willing to obtain a PVG?	Y/N

If different from above, Emergency Contact details for parent / guardian on Audition Day. Please be aware an adult must be at the auditions, in the building for as long as the child is required on audition day.

Name	Relationship	Contact	
	to Child	number	

PARENT / GUARDIAN CONSENT

I hereby give permission for the child named above to participate in the auditions of this pantomime. I understand that the decisions made by Imagine Theatre Ltd are final. I also give permission for publicity photographs of my child to be taken on audition day, and if successful, for publicity/production photographs and recordings to be taken during rehearsal, dress rehearsals and during the production which will be used for advertising and publicity purposes for both the show and for Imagine Theatre and the venue as well as for Imagine Theatre and the theatre's archive indefinitely. The production may also be streamed. I understand that photographs and video may be taken by the audience during the show and posted on social media and give permission for this. I further understand my child's name and photograph may appear in the programme.

Should the child named above be successful in gaining a part in this production they will make a full contribution to the success of the pantomime by using their talents in dancing, singing and acting, as directed, within the production. They will attend <u>all</u> rehearsals and performances they are called for and adhere to all rules and instructions given and all production requirements regarding costumes, make-up and any other performance related matters. Imagine Theatre will issue a code of conduct declaration which I agree my child must adhere to. I understand that failure to do so may result in my child being withdrawn from the production.

If your child is successful, due to the new GDPR Data Protection Laws, Imagine Theatre Ltd will securely store relevant data until the child reaches the age of 21. If unsuccessful, all data will be securely destroyed shortly after the date of audition. Please refer to Imagine Theatre Ltd.'s privacy policy for more detailed information. This is at www.imaginetheatre.co.uk/cookie-and-privacy-policy.

Signed (parent / guardian)		
Name (block capitals)	Date	