

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

Imagine Theatre Ltd

Imagine Ref No.

Show Title: Sleeping Beauty

Junior Chorus Auditions at: Royal Spa Centre, Leamington Spa

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

The audition day will focus mainly on dance.

Child's Name (Block Capitals)								
Child's Address (Block Capitals)								
Postcode								
Date of Birth					Male / Female			
Age on 01/11/2017	Years				Months			
School year your child will be in during performances (children above year 11 cannot audition)	Yr4	Yr5	Yr6	Yr7	Yr8	Yr9	Yr10	Yr11
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 (essential)		Chaperone licence held	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 to Child		Contact number	
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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 video to be taken during rehearsal and at dress rehearsals which will be used for advertising and publicity purposes as well as Imagine Theatre and the theatre's archive. I understand that photographs and video may be taken by the audience during the show and posted on social media and I am aware and give permission for this. I understand my child's photograph will appear in the programme, and that a video of the production will be taken for advertising and archive purposes.

Should the child named above be successful in gaining a part in this production he/she 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. He/she will attend **all** rehearsals and performances he/she is 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.

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