



Plan, Perform, Participate Booking Form



Full Name: _____ Gender: Male Female

Parent/Guardian Full Name: _____

Date of birth: _____ Age on 21/08/15: _____

School/college/university you attend (if applicable) _____

Home address:

Post code: _____

Contact Telephone Number: _____

1st Emergency Contact Name: _____ Relationship to child: _____ Number: _____

2nd Emergency Contact Name: _____ Relationship to child: _____ Number: _____

E-mail address: (our preferred method of communication, please write clearly in block capitals):

Medical Information

Please specify any information of which we ought to be aware e.g. asthma, food allergies, continuous medication. Please also list injuries, or anything we'll need to know about you in an emergency situation:

Performance licence regulations

In order to comply with council performance licensing regulations we need to know if you have performed in a professional theatre production (not a school or dance school production) in the last 6 months and if you have done we need to know the number of days/nights you performed.

Please state how many **professional** performances you have (or will) perform in between Feb – Aug 2015
(please don't include school, dance school productions in your figure)

Please note it does not matter if you will not perform in any productions, we are asking the question for licensing reasons, not to find out how experienced you are at performing.

Who is your local authority? (This is who your parents pay their council tax to- i.e. Aylesbury Vale)

Photography and Video Consent.

During the project photographs or video footage may be taken by Flametree Productions or Aylesbury Waterside staff and/or visiting media for use by the Theatre and/or local press.

I (state name) _____ agree to have my photograph taken or appear in any video footage filmed as part of stage experience activities that may be used by the theatre or local press if necessary.

Signature: _____ **Date:** _____

(Please note if the participant named is less than 16 years of age we require the signature of a parent or guardian)

**Please return your completed registration form to:
Liz Raba, Aylesbury Waterside Theatre, Exchange Street, Aylesbury, Buckinghamshire HP20 1UG**