

DIDO BELLE SUMMER THEATRE PROJECT - CONSENT FORM - 2020

Thank you for choosing to register your child to be part of the **Dido Belle Musical** production. We would like to go through a few details to make sure your child is safe and we all have an enjoyable experience. Please can you read through, fill in, sign and date all areas of this form. **All forms must be returned before your child(ren) can start Boot Camp.**

Child(ren)'s name(s): _____ Age(s): _____ Gender: _____
(M/F/Other)

The Project: My child will attend?

***Boot Camp** – 3rd – 28th August, 11am – 4 pm

Press/ Open Dress Rehearsal – Friday 28^h August, 6 pm – 9 pm

Live Shows *Dido through the Looking Glass* Performances

Matinee at 2 pm & Evening at 7 pm on 29th & 30th August

***Please note:** Lunch will not be provided. All participants should bring a packed lunch, snacks for breaks and plenty to drink. Participants will not be allowed off site unsupervised at any point during the day's activities.

Please give details of any health considerations/allergies or medical conditions that we should be aware of (please continue on extra sheet if necessary):

In the unlikely event of your child needing medical treatment and we are unable to contact any of the numbers below; do you give permission for us to grant consent in your absence? **YES** **NO**

Parent / Carer:

Name: _____

Address: _____

Relationship to child: _____ Number: _____

Emergency contact:

Name: _____

Relationship to child: _____ Number: _____

Is your child(ren) allowed to travel home alone? **YES** **NO**

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If 'NO' who will pick them up? _____

How would you describe your child? **Black or Black British** - African Caribbean *Other

Asian or Asian British - Banladeshi Indian *Other

White - British Irish *Other

*Other (not on the above list) – Other Ethnic Group

*Please specify.....

How did you hear about the project? _____

Child photo / video consent form

Photographs, films and video: As well as creating films/DVDs as part of the project, Sing a Book records its activities for a range of purposes; publicity, Sing a Book website, mementoes for participants and their families, evaluation for funders and sponsors. As these images are displayed to the public, Sing a Book follows firm guidelines to try and ensure the images may not be misused. **Please tick the box above to give your permission to include your child(ren) in the photographs/films/videos that we make of the activities.**

Parent / Carer Consent:

I give permission for _____ to take part in the **Dido Belle Theatre Project** at Goldsmith Community Centre, Castillon Road, London SE6 1QD.

I enclose the first week's Boot Camp fee (**£20 per child**) £ _____

(If you foresee a problem with paying the deposit please do not hesitate to contact us. To pay via Sing a Book's Bank account please contact Evadne, Project Manager)

Email address: _____

Name and relationship to child(ren): _____

Sign: _____ Date: _____

Please return the completed form to Sing a Book as soon as possible as places are limited.

Thank you and looking forward to working with your little star(s)!

