

## SUMMER THEATRE PROJECT - REGISTRATION FORM 2021

Thank you for choosing to register your child to be part of the **Dido Through the Looking Glass 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.

**We will be following official guidance from the UK Government on COVID. As a result, we can only accommodate 15 participants on a first come, first serve basis. We are unable to accept any bookings once the project has started and only completed forms with deposits received before 2nd August will be considered.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (MFO) \_\_\_\_\_

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### The Activities that will be attended:

\*Boot Camp: 2 - 27 August, 10am - 4pm

Press / VIP Night: 27 August, 6pm - 9pm

### Live Shows Dido Through the Looking Glass Performances:

Saturday 4th September - 2pm

Saturday 4th September - 7pm

Sunday 5th September - 2pm

### Awards Ceremony

Sunday 5th September - 4pm

**\*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 you or any of the emergency numbers; do you give permission for us to grant consent in your absence?

**YES**

**NO**

**(please circle)**

**Parent / Carer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency contact:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Number: \_\_\_\_\_

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

If 'NO' who will pick them up? \_\_\_\_\_

Relationship to child? \_\_\_\_\_

How would you describe your child (please circle)?

**Black - British   Caribbean   African   \*Other**

**Mixed heritage - please state .....**

**Asian - British   Banladeshi   Indian.   \*Other**

**White - British   Irish   \*Other**

**\*Other - please specify .....**

How did you hear about the project? .....

**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 and evaluation for funders, sponsors and school resources. 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/video:*

*I give Sing a Book permission to include my child (ren) in photos, videos and filming for use as stated above only:*

YES  NO

**Parent / Carer Consent:**

I give permission for my child(ren) to take part in the *Summer Theatre Project* at Goldsmith Community Centre, Castillon Road, London SE6 1QD.

I agree to pay a deposit of **£5 (per child)** £ \_\_\_\_\_

*(If you foresee a problem with paying the deposit please do not hesitate to contact us. Deposit and future daily fees are to be paid via Sing a Book's bank account or by card. Details of account to follow on receipt of completed form)*

Email address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name and relationship to child(ren): \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to **Goldsmith Community Centre, on Mondays or Tuesdays 10am-3pm, anytime on Thursdays** or via email to [info@singabook.com](mailto:info@singabook.com) soon as possible as places are limited and we are unable to accept walk-ins.

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

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