

SUMMER THEATRE PROJECT - REGISTRATION FORM 2022

Thank you for choosing to register your child to be part of the **Into Da Endz** 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 continue to follow guidance from the UK Government on COVID. As a result, we can only accommodate 15 participants on a first come, first served basis. We are unable to accept any bookings once the project has started and only completed forms with deposits received before 29th July will be considered.

Name: _____ Age: _____ Gender: (MFO)_____

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The Activities that will be attended:

*Boot Camp: **Bathway Theatre, London SE18 6QX**

1 - 26 August & 2 September, 11am - 3.30pm,
£6.00 per child, per day



Live Shows Into Da Endz Performances:

Friday 26th August - 6pm, Supporters & Funders **only**



Saturday 3 September - 2pm



Saturday 3 September - 7pm



Sunday 4 September - 2pm



Awards Ceremony

Sunday 4 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 select)

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 select)

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 **Bangladeshi** **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, mementos 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 the Bathway Theatre, Bathway, London SE18 6QX

I agree to pay a deposit of **£6 (per child)** that will be deducted from the first week's fee £ _____
(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 email the completed form to info@singabook.com as 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)*!