

Please complete the form and hand the form and £5 entry money in an envelope to James Aggett by 16th March

Contact James at james@becclespublichall.com

Young Talent @ The Hall 2018

Young Performer(s) Application

Performance title:

Performance (Dance, Musical etc):

Number in act:

Full name of performer / group representative:

Date of Birth:

Address:

Post Code: **Telephone No.**

E-mail

School

Parent/Guardian Agreement:

Name:.....

Address:.....
(if different to above)

Post Code **Telephone No.**

E-mail
(if different to above)

Relationship to Applicant.....

Names and telephone numbers (landline and mobile if possible) of two people who can be contacted in the event of an emergency:

Home:.....

Medical information: Please outline any medical information of which we should be aware (e.g. asthma, allergies, diabetes, migraines, menstrual problems, epilepsy, muscular-skeletal problems, etc) including details of treatment and whether this is self-administered.

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Special needs: Please outline any emotional or behavioural issues of which we should be aware.

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Collector: Please name the person(s) who will be responsible for collecting your child after rehearsals and performances. If this changes, we need to be informed in writing when the child arrives.

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Do you need any support facilities (eg, microphones, backing tracks, special effects)?

Yes or No – If yes, what facilities?

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Do you need any equipment on stage (eg, drum kit, guitar amps etc)?

Yes or No – If yes, what facilities?

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I am the parent or legal guardian of the child named above. I give my permission for him/her to take part in the rehearsals and performance for the named show. I understand that **Beccles Public Hall** will take all reasonable care in looking after my child but I cannot and will not hold the **Beccles Public Hall**, its members, staff and chaperones responsible for any loss damage or injury suffered by my child during, or as a result of the rehearsals and performances for the named show. I confirm that my child is fit and their health will not suffer by taking part in the rehearsals or performances. I consent to my child receiving essential medical treatment from a medical professional in the event of an emergency.

I understand that if my child grossly misbehaves then they may be forbidden to participate further and that I will be required to collect them at my expense within one hour of being informed.

I do consent to my child being included in **publicity and photographs** of the above show. I understand the conditions outlined to me and confirm that the information provided above is complete and accurate to the best of my belief.

Signed **Date**