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| --- | --- | --- | --- |
| **Please complete this form and include the details we need to be able to contact you directly.**  This word document can be completed, saved and returned by email as well as post. *Thank you.* | | | |
| Name: | | | Date of Birth: |
| Mobile Number: | Home Phone Number: | | |
| Email: | | | |
| *If under 18* Name of Parent/Guardian: | | | |
| *If under 18* Parent/Guardian’s Email: | *If under 18* Parent/Guardian Mobile Number: | | |
| Home Address (including postcode): | | | |
| **Participant’s Emergency Contact 1** | | | |
| Name: | | Telephone: | |
| Relationship to participant: | | Alternative telephone: | |
| **Participant’s Emergency Contact 2** | | | |
| Name: | | Telephone: | |
| Relationship to participant: | | Alternative telephone: | |

|  |
| --- |
| **Medical Conditions**: Please write below if you have any medical conditions or needs we should know about. Alternatively, telephone us if there’s anything you’d like to discuss. Please include any allergies (**including allergies to any make up**) or medical/physical/dietary requirements (including prescribed medication) in case of emergencies. |
| **Name, Address & Telephone Number of GP:** |

Signed: Date:

(or by Parent/Guardian): continued overleaf /.....

**If over 18 please complete the following:**

I give my consent to be photographed and videoed throughout the day on Thursday 24 January during the Auditions for Live Interpretation Immersive Experience for Theatre Royal Bury St Edmunds. These photographs will not be kept beyond their use for the auditions.

**YES [ ] NO [ ]**

Name:

Signature:

**If under 18 please ask a parent / guardian to complete the following:**

I give parental consent for my child to be photographed and videoed throughout the day on Thursday 24th January during the Auditions for Live Interpretation Immersive Experience for Theatre Royal Bury St Edmunds. These photographs will not be kept beyond their use for the auditions.

**YES [ ] NO [ ]**

Name:

If under 18 Parent/Guardian Name:

Signature: