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| **Please complete these forms and include the details, we will need to be able to contact you directly** |
| Name | Date of Birth |
| Mobile Number | Email |
| Name of Parent / Guardian (if under 18): |
| Home Phone Number | Parent / Guardian Mobile Number |
| Parent / Guardian email |
| Home address (including postcode) |
| Of the three disciplines below, please circle which you feel you’re strongest at.Acting Singing DancingDo you have any other skills or interests? E.g. Musical instruments, circus skills, gymnastics etc. |
| **School**: Name of Head TeacherName of Schooladdress & telephone |  |
| **Participant’s Emergency Contact 1** |
| Name | Telephone |
| Relationship to participant | Alternative telephone |

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| **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 Parent/Guardian: Date: