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| --- | --- | --- | --- | --- |
| **Please complete this form and include the details we will need to be able to contact you directly**  Deadline by which to receive the registration forms: Friday, 25 October 2019  Date of the Audition: Sunday, 17 November 2019 | | | | |
| 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) | | | | |
| **School**:  Name of Head Teacher  Name of School  address & telephone |  | | | |
| **Participant’s Emergency Contact** | | | | |
| 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:

parent/guardian continued overleaf /.....

I give parental consent for my child to be photographed and videoed throughout the day on 16 November 2019 during the Auditions for *Oliver Twist* for Theatre Royal Bury St Edmunds.

**YES [ ] NO [ ]**

Child’s Name:

Parent/Guardian Name:

Signature: