

DANCEBITES PRODUCTION 2016

NAME OF STUDENT:.....
(In block capitals)

Class/School Club they attend:
(e.g. Poplar Monday/ Christophers Thurs Ballet & Tap/ Coombe Juniors)

Name on T-shirt (In block capitals):

EMERGENCY CONTACT NAMES & CONTACT NUMBERS FOR THE PRODUCTION DAY:

Please ensure that this is an up-to-date contact number, as if there are any emergencies, this will be the contact we'll have stored on our system. It is your responsibility to inform us of any changes.

.....
.....

Email Address:

Interested in being a **CHAPERONE?** Tick this box.....

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES OR SUCH LIKE?

Please notify us of any medical conditions or requirements.

Please provide medication for these with specific instructions on how to administer it.

NO YES Please circle

Give details:

DANCEBITES PRODUCTION – Saturday 4th June 2016

I give consent for my child to participate in the event above. In the event of illness or accident during the event which would require emergency hospital treatment, I authorise an officer of the above group to sign on my behalf a written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor concerned.

I am aware that I am responsible for providing basic costume and ample food and drink on the production day. I allow Dancebites to photograph my child for promotional purposes (its website and advertising) understanding that no name will be used in conjunction with the pictures.

The information given above is accurate.

If your child does not adhere to the rules and directions of the Dancebites crew, you will be contacted and asked to come and collect your child.

Name of parent/carer:

Signature:.....

Date:.....

CLASS TEACHER TO FILL IN: T-Shirt size: please circle

3-4 5-6 7-8 9-11 12-13 Small Adult Medium Adult Large Adult