

Chitty Chitty Bang Bang Participation Form

Name of Learner: (As you wish it to appear on the program)

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Grade: School:

Parent's Names:

Contact Numbers:

Alternate Emergency Contact Number:

Email Address:

Physical Address:

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(This is to put on our cast list so that you are able to establish lift groups. For the information of members of the cast only. You do not have to fill this in if you do not wish to be involved in a lift group or have parents contact you re lifts)

I hereby give my son/daughter permission to take part in the production. I am aware of the commitment, and will notify the Directors/Production Secretary if he/she is unable to attend rehearsals at any stage.

Photographs of my child **may/may not** be used for advertising and publicity on social media or in the media.

Should my son/daughter become ill at rehearsals or at a performance, I **give/do not** give permission for any over the counter medication to be used e.g. Panado for fever etc.. We keep a basic First Aid Kit with throat lozenges, panado, plasters, bactroban, bandages, rescue drops, burn gel. For more details – specify below e.g. allergies etc..

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- If we are unable to contact you or your emergency contact in the case of a medical emergency, please provide details of how you wish us to proceed.

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I am able/unable to assist with the production. If able, please state what you would be happy becoming involved with e.g. make up/costumes/set painting/program sales/front of house/backstage discipline/backstage hand/printing/sponsorship of tickets for children's homes/advertising in program etc..

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SIGNATURE OF PARENT:

DATE: