CHRISTCHURCH PLAYERS CONTACT DETAILS and CONSENT FORM

(Contact details will be kept in confidence.)

2018

Player: ……..

Address:

Player's: **Home Phone:**..... **Primary contact Mobile Phone:** .....

Contact e-mail: .....

Any **Medical Condition / Allergies** (*if none state* "NONE") (*continue on reverse if necessary*):

……

Consent

1. I am aware of the need for commitment to attend ***all*** rehearsals and performances. I understand that failure to attend at ***red*** rehearsals may result in the role being reallocated.
2. I understand that anyone missing rehearsals for two consecutive weeks, without notifying the directors, will be deemed to have resigned. Their part will be allocated to someone else.
3. I have received & read a copy of the rehearsal schedule, and confirm that I am able to meet rehearsal commitments.
4. I agree to arrive/arrange the prompt arrival and collection at rehearsals and performance times from Tadley Common Methodist Church.
5. I understand that any behaviour deemed unacceptable by the production team will result in discussions with those concerned and may lead to withdrawal from the production

Signed ……..…….....…… Christchurch Player **Date**……

In addition - If player is under 18:

Parent/Guardian name: …….....…….

1. I am prepared to help the supporting team during rehearsals.. Yes / some / No *
2. I am prepared to help the supporting team during performannces.. Yes / some/ No *
3. This player requires a CHILD PERFORMANCE LICENCE. Yes / No *
4. I, as parent/guardian, will accept responsibility as chaperone for the required rehearsals and performances in compliance with the above licence. Yes / No *

I give permission for:

- Panto information being sent to the email address provided : Yes / No *
- Photographs for use in identification in the production and for promotional literature(including website, where individuals will not be named) Yes / No *
  (CP cannot take responsibility for any images that appear anywhere other than in official CP publicity or on the website.)
- Recording of performances: Yes / No *
  (If you are unwilling for you or your son/daughter to appear in the official recording, this will restrict roles available to them)

*(* please delete as appropriate)*

Parent/Guardian **Home Phone:**..... **Mobile Phone:**.....

E-mail for receipt of information *(all CP information will be sent to this address):*

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Signed ……..…….....…… Parent / Guardian **Date**……