| Name: |  | | | |
| --- | --- | --- | --- | --- |
| Age: |  |  | | |
| Member - ☐ | | Non-Member - ☐ | | |
| Gantry class: | |  | | |
| Emergency Contact Name and Tel No: | |  | | |
| Relationship to child: | |  | | |
| Email address: | |  | | |
| **Additional/Medical info:** | | | | |
| Does your child have any medical conditions/allergies/concerns/additional needs? | | Yes -☐ No - ☐ | | |
| If yes, please give further info: | |  | | |
| Do you give your permission for face painting if required | | Yes - ☐    No - ☐ | | |
| **Photo permission:** | | | | |
| Do you give permission for your child’s photo to be used for publicity purposes? | | | Yes- ☐ No- ☐ | |
|  | | |  | |
| **Arrangements for going home – please specify:** | | | | |
| I will collect my child at the end of the rehearsal | | | | ☐ |
| I give my permission for my child to walk home alone/meet me at car | | | | ☐ |

Please note that children who will be making their own way home will need to wait a few moments until we are sure that the children awaiting collection are identified. We hope you understand that this is to keep our youngest members safe.

SIGNATURE OF PARENT/CARER: Date: