| 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: