



“LIGHTS. CAMERA. ACTION!” - Dance Show 2019.

PERMISSION SLIP

Please complete ONE form for EACH student (aged 16 and under).

Student’s Full Name:	
Emergency Contact Number(s):	
Medical Information:	
Subjects:	Preschool[] Ballet[] Tap[] Street/Jazz[] Pointe[]

1. Having read the enclosed information letter, I confirm that the above student can participate in “Lights. Camera. Action!” - Dance Show 2019 at the Altrincham Garrick Playhouse, and can attend all listed rehearsals/performances. []
2. I am fully aware that during the dress rehearsal there will be no chaperones and that the above student must be supervised by a parent/guardian. []
3. I understand that during the performances, the above student must remain backstage for the total duration of the show and is to be collected at the end of the performance from a designated collection point (TBC). []
4. I give consent to the photography/videography of the above student in connection with the “Lights. Camera. Action!” Dance Show 2019. Absolutely NO photography or videography will be allowed during the performances. All 4 shows will be professionally filmed and there will be a photographer at the dress rehearsal. []

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

Parent/Guardian Name	
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Volunteers form an important part of our shows and there are many ways in which parents/ guardians can help. We require volunteers for sewing (basic and skilled), stagehand (moving scenery, setting up props) as well as chaperones to properly supervise children and to assist hair, make-up and costume changes.

Are you able to help with costume and prop production?

If YES please indicate your ability:	Machine Sewing[] Hand Sewing[] Other.....
Contact (Phone/Email):	

Are you available to help stagehand?

If YES please indicate your availability:	Sat Mat[] Sat Eve[] Sun Mat[] Sun Eve[]
Contact (Phone/Email):	

Are you available to chaperone?

If YES please indicate your availability:	Sat Mat[] Sat Eve[] Sun Mat[] Sun Eve[]
Contact (Phone/Email):	

Miss Bosworth will contact you nearer the show to discuss your volunteering role.



**TRAFFORD
COUNCIL**

Request for exemption from Performance Licence

*Children and Young Persons Act 1963 section 37 (3) (b)
Children (Performances and Activities) (England) Regulations 2014*

To be completed in full by Parent / Guardian of Child

Name of Child:	
Date of Birth:	
Address	
Telephone Number:	
School Attending (Educational)	

I agree that my child is fit and healthy to participate in this production.
(NB. Consideration should be given to the child's health & tiredness levels, and their ability to attend school and homework as normal.)

I confirm that my child has not taken part in any other performance(s) (for the named production company or any other, including TV/film work, theatre, dance or stage school performances, sport, modelling or casting agency work) in the six months before the commencement of this production.

NB. If your child has taken part in any other performances during the last six months, a licence may be needed for this production. Please inform the person in charge of this production without delay.

PARENT: I declare that the above information is accurate and true in accordance with and The Children and Young Persons Act 1963 and the Children (Performances and Activities) (England) Regulations 2014.

Parent/Carers Signature: _____

Print Name: _____ Date: _____