

Parkwood Entertainment

Aladdin 2019

Audition number _____ (OFFICE USE)

Name of child _____

Age _____ **Date of Birth** / / **Gender (please circle)** M F

Address _____

Postcode _____ **Home Tel No** _____

Email Address _____

Council district _____

Please give **1** emergency contact

1) **Name** _____

Relationship to child _____ **Contact Number** _____

Dance School (if applicable)

PHOTOGRAPHIC CONSENT

We need to gain permission to photograph any child taking part in this audition.

We would therefore be grateful if you could sign the following declaration: Should you have any queries please do not hesitate to speak to a member of staff.

I give permission for my child to be photographed in relation to this audition.

Child's Name _____ **Date** _____

Signed _____ **Print Name** _____ (Parent/Guardian)