

DANCE CUMBRIA YOUTH CONSENT/APPLICATION FORM

You must complete this form before you can take part in any activity. Please bring it with you on the day.

Name:

Date of Birth: Age: Gender : M / F

Full Postal Address:

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Home Phone:

Email (parent/carer):

Which School Do You Attend? : Year:

**AUDITION DATE – SUNDAY 10th MAY 2015, 10.30am – 3.00pm at Newbiggin
Village Hall, near Penrith, CA11 0HT**

Tell us about yourself so we know what dance you're already involved with. It doesn't matter if you don't have much to write ... it's not a test and there are no right or wrong answers!

If you belong to a youth dance group or attend a private dance school tell us which one(s):

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If you're lucky enough to be selected as a member of Dance Cumbria Youth what personal qualities would you bring to the group?

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What would you like to get better at or know more about during your year with Dance Cumbria Youth?

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Emergency Contacts, Medical Information & Parent/Carer Consents

Parent/Carer's Name: Tel:

Emergency Contact Name: Tel:

Doctor/Surgery Name..... Tel:

When was your last tetanus injection? Allergic to penicillin? YES/NO

Details of any allergies, health conditions, or anything else we should know about:

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Medical Consent:

I consent to any treatment necessary in the event of an emergency. I authorise staff to sign on my behalf any written form of consent required by the hospital authority provided that the delay required to obtain my signature might be considered in the opinion of the doctor or medical staff likely to endanger my child's health or safety.

Signed: Date:

NAME PRINTED:

Publicity Consent:

I consent to photography/filming of my child during the sessions which may be used in the local media and/or other publicity material in connection with the Dance Cumbria programme. I consent to DVD's of public performances being sold by the film-maker directly to participants in the performance & their families (they will not be available through any other outlet).

Signed: Date:

NAME PRINTED:

General

I consent to my child taking part in the session(s) and any related rehearsals & performances at venues within or outside the county. I consent for my child to go off-site unsupervised (but in small groups) to buy refreshments. I understand that in the event of any child putting either themselves or other children at risk, or preventing other children from benefiting from the activities on offer, the group leader has the right to exclude them from the programme.

Signed: Date:

NAME PRINTED: