



CHILD APPLICATION FORM

Child/Children's Details:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Do any of the above children have any medical conditions we need to know about (please list):

Parent/Guardian Details

Name: _____ Relationship to Child: _____

Address: _____

Contact Number(s): _____

Email Address: _____

In case of an emergency please contact: _____ Tel: _____

Consent To Photography and Videos of your child/children

During the course of rehearsals and preparing for the shows, photographs of the children will be taken for use on promotional flyers, posters and tickets. Also images will be used on the new group website.

PHOTOGRAPH AND VIDEO RELEASE FORM

Spotlight Youth Theatre Group has my permission to photograph and video my child/children while in attendance at any rehearsal or show. I understand that my child/children's last name will not be used in advertising or on the groups website, first names only. I understand that any images taken during rehearsals or shows may be used on the website and in brochures, posters and any other advertising material. When a DVD is made of any shows, first names will appear on the credits at the end of the DVD.

PARENTS SIGNATURE: _____ DATE: _____