

Alnwick Stage Musical Society

THE SOUND OF MUSIC

I give permission for _____ (print name)

Date of Birth: _____ to participate in the ASMS "The Sound of Music" auditions and, if successful, the show.

AGE: _____ HEIGHT: _____

Parent/Guardian's

Name: _____

Address:

Post code: _____

Please ensure that your child brings a recent, passport-sized photograph of themselves to the audition.

Attach here please

In case of emergency during rehearsal/show please contact:

Name: _____ Tel no: _____

Does the participant have any medical conditions that we should know about? Yes /No

(e.g. allergies ,asthma, epilepsy etc.)

If yes, please give details:

Media/Photograph/Recording consent (Please circle)

I do/do not give consent to the above-named child appearing in photographs or recordings which may be used by ASMS for publicity for this show, to promote future events or to be distributed to the participants.

Signed _____ Parent /Guardian Date _____