

High School Musical
Albemarle Music Centre, Hull
Monday 20 August – Friday 24 August
10.00am – 4.00pm (Venue open 9.00am – 5.00pm)

Participant Name:

Participant Date of Birth:

Age at time of project: _____

School Attended:

Name of Parent/Guardian:

Home Address:

Postcode:

Telephone Number:

Mobile Number:

Email Address:

Additional Contact Name:

Relationship to Participant:

Telephone Number:

Mobile Number:

Please download and read this information pack

I, _____, give my consent to the above named participant taking part in the *Summer School etc* at Albemarle Music Centre, Hull. I have read and understood the downloadable information. I understand that of my £135 payment, £50 is a non-refundable deposit. If my son/daughter has any medical or educational needs that Performing Arts etc should be aware of I have listed them below.

Signed: _____ (Parent/Guardian)

Date: _____

Performing Arts etc would like to keep you informed of future projects that may be of interest to your son/daughter. We would like to keep your contact details on file so that we can contact you about such projects. We will only keep this data on file until your son/daughter reaches 16 and we will then remove it from our records.

We ask for medical information so that we are best able to look after your son/daughter during their time with us. We remove this information from our records within a month of the end of each project.

We will never pass your details on to other organisations and your details will be kept in accordance with relevant data protection legislation. **If you wish to be contacted with news of future projects, please tick this box**

Photographic Consent etc

I agree to my son/daughter, _____, being in photographs that may be taken during the *Summer School etc* at Albemarle Music Centre, Hull. I give my consent to the photographs being used in future publicity by Performing Arts etc in print, on the internet and in any other reasonable form. I understand that the photographs may also be used in newspaper articles reporting the work of Performing Arts etc and in displays and publicity by the host school.

Performing Arts etc will never sell or give any photographs to other organisations. We will never put the full name of participants next to their pictures.

Signed: _____ (Parent/Guardian)

Date: _____

OR

Please do not allow pictures of my son/daughter, _____, during the *Summer School etc* at Albemarle Music Centre, Hull.

Signed: _____ (Parent/Guardian)

Date: _____

Participant Agreement etc

I would like to be part of the *Summer School etc* at the Albemarle Music Centre, Hull. Although it is my summer holiday, I am prepared to work hard as part of the company to put on the best sharing event that we can.

I will arrive on time so that I do not miss important information or warm ups. I will follow directions, listen and concentrate. I will be polite and supportive to the other members of the group.

I will switch off my mobile phone and leave it in my bag during rehearsals. I will not chew gum.

If I need any help or support, I will ask for it.

I understand that if I am disruptive or continually breach this agreement I may be asked to leave the *Summer School etc*.

Signed: _____ (Participant)

Date: _____

Signed: _____ (Parent/Guardian)

Date: _____