**CHRISTMAS SHOWCASE**

Please complete and return

 By 31ST OCTOBER 2019

**15TH DECEMBER 2019**

**DANCERS INFORMATION: PARENT/GUARDIAN:**

|  |  |
| --- | --- |
| **NAME:** |  |
|  **SURNAME:** |  |
| **DOB:** |  |
| **EDUCATION SCHOOL ATTENDING** (E.G ROADE PRIMARY) |  |
| **GROUP/CLASS:** |  |
| **ADDRESS:** |  |

|  |  |
| --- | --- |
| **NAME:** |  |
| **SURNAME:** |  |
| **RELATIONSHIP TO CHILD** |  |
| **EMAIL:** |  |
| **CONTACT:** |  |
| **EMERGENCY CONTACT FOR SHOW DAY:** |  |

**COSTUMES:**

Please enter your dancers clothing size/ age.

|  |  |
| --- | --- |
| TSHIRT SIZE | 3 - 4 5 – 6 7 – 8 9 – 11 12 – 14 SMALL ADULT |
| DRESS SIZE | 3 - 4 5 – 6 7 – 8 9 – 11 12 – 14 SMALL ADULT |
| BOTTOMS SIZE | 3 - 4 5 – 6 7 – 8 9 – 11 12 – 14 SMALL ADULT |

**CONSENT**

|  |  |
| --- | --- |
| Please Tick ✓ | Consent |
|  | Please tick to confirm you understand the importance of your child to be present at rehearsals in classes and on show day prior to the performance. Show day rehearsal is compulsory. |
|  | Please tick your consent for your childs name written as this example ; AMY C to be used in our show programme. No images will be beside these names. |
|  | Please tick for your consent for your child to take part in our summer showcase performing on stage to friends and family of our dancers only.  |

**PHOTO CONSENT**

|  |  |
| --- | --- |
| Please Tick ✓ | Consent |
|  | Please tick beside to give your consent to photos being taken of your dancer at the show 2019. Names will not be associated with these images. These images will be on the Carmel Jane Productions website for a limited period of time for purchase. Only members of the dance school will have access to these images. You may withdraw your consent at any time. |
|  | Please give consent to Images that may be used in publications, websites and social networking sites. Names will not be associated with these images. You may withdraw your consent at any time. |

**MEDICAL CONDITIONS:**

Please tell us any medical conditions/ allergies of your dancer:

In an emergency situation I authorise the organisers to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital’s diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_