***Summer School 2025***

Insert Passport Photo Here

***Chitty Chitty Bang Bang***

|  |
| --- |
| ***Auditon number*** |

**Office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Auditionees Name**  (Block Capitals) |  | | |
| **Auditionees Address**  (Block Capitals) |  | | |
| **Date of Birth** |  | **Gender** |  |
| **Contact Telephone** (Parent/ Guardian )) |  | | |
| **Contact email** (Parent/ Guardian) |  | | |
| **Medical Information**  **Please advise of any condition we need to be aware of.**  **(this is confidential and for welfare reasons only)** |  | | |

**Consent**

I hereby give permission for

|  |  |  |
| --- | --- | --- |
| *Please tick the appropriate box* | *Yes* | *No* |
| *Photographs/video clips to be taken for press/Gatehouse website* |  |  |
| *Photographs/video clips to be used on social media sites* |  |  |
| *Emergency First aid to be given* |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |
| **Name** | | | |