***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**  |