

Dancer Registration Form

Please print and complete this form prior to attending the audition

Audition Number
(office use only)

Name of dancer: _____

Age: _____ Date of birth: _____ Sex: M/F (delete as applicable)

Address: _____
Postcode: _____

Dancer's mobile # (senior/ensemble dancers only): _____

Contactable email address: _____

Emergency name and contact #: _____

Which dance school does the dancer attend? _____

Which school does the dancer attend? _____

Licensing Council Authority (if known): _____

Mother/Father has a chaperone licence and will be available to chaperone at some performances: YES/NO
(delete as applicable)

By signing this registration form the auditionee (if aged over 18 years) or parent/guardian of the above named dancer gives consent to the following:

Sevenoaks Theatre Productions Limited can film and capture still or moving images of the above named dancer and can use those images as part of this and any future projects, for presentation to the public and for promotional purposes. This may be in any format and using technology now known or to be invented, including use of still and moving images in the media and on the internet.

The auditionee (if aged over 18 years) or parent/guardian of the above named dancer also acknowledges that if the principal/choreographer feels the behaviour or performance of the dancer is unprofessional, disruptive, or unacceptable for any reason, **they will be required to leave immediately.**

Should the need arise, the auditionee (if aged over 18 years) or parent/guardian of the above named dancer agrees to the person in charge giving consent on their behalf for any urgent medical treatment to be given to the dancer in accordance with medical advice, should the parent/guardian be unable to be contacted. The auditionee (if aged over 18 years) or parent/guardian of the above named dancer declares their son/daughter medically fit to take part in this production. **Any known**

medical conditions should be detailed below:

The auditionee (if aged over 18 years), or parent/guardian of the above named dancer understands that any role offered in the production is an unpaid role, with the exception of ensemble dancers.

Signed: _____
Dancer (if aged over 18 years) or parent/guardian

Print name: _____ Date: _____

Please be aware, by signing this registration form, you will be agreeing for Sevenoaks Theatre Productions Limited to share your details with Local Authorities, the Production Team and chaperones, for licensing requirements, in accordance with The Children (Performances and Activities) England Regulations 2014 and The Children and Young Persons act 1933, 1963. The information required will be, auditionee's full name, date of birth, birth certificate and photograph, address, school details, relevant medical information, parent/guardian details including telephone numbers and email addresses. When processing data Sevenoaks Theatre Productions Limited will ensure it is processed lawfully and only used for the legitimate purpose for which that data was collected and will ensure the information is held for no longer than is necessary.

If you do not agree to this information being shared, the auditionee will not be able to take part, due to not adhering to the Child Performance Regulations 2014.