Newmarket Kings Theatre

Young Persons Performance Consent Form

Production they are appearing in	
Child's Name	
Date of Birth	
School	
School Year	
Gender	
Home Address	
Local Authority (e.g. Cambridgeshire, Suffolk)	
Emergency Contact Names/Numbers (Please provide 2)	
Any medical information/allergies for us to be aware of	
Name of Person/People permitted to collect my child from rehearsals/performances	

- I confirm that my child is fit to perform in the production and that performing in this production will not negatively impact on their health/wellbeing
- I confirm that I will inform the Youth Director/Leader or Child Protection Officer immediately if there is any change in their health which might mean they are not fit to perform.

Please delete bold as appropriate:

- **I agree/do not agree** to Nomads holding this information for the purposes of the safe running of the above-mentioned production
- **I agree/do not agree** to Nomads using this information to update their databases for the safe running of any of the Nomads Youth Sections/Activities
- **I agree/do not agree** to my child's photo being taken for purposes of promoting Nomads, their productions and the Kings Theatre. This will include in print-based media and on Newmarket Kings Theatre social media.

Signed; **Date:**

Print Name:

Charity Registration Number: 1120041
Company Registration Number: 05980172
Young Persons Performance Consent Form V3