

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 _____

Address _____

Post Code _____

Dancers Mobile Number (Over 16 only) _____

Home Telephone _____

Emergency Contact (Name and Phone #) _____

Contactable Email Address

Which School does the dancer attend? _____

Which Dance School does the dancer attend? _____

Licensing Council Authority if known _____

Mother/Father has Chaperone Licence? **YES/NO**

Available to Chaperone at some performances? **YES/NO**

By signing this registration form, the parent/guardian of the above named dancer also gives consent to the following :

The auditionee, or parent/guardian of the above named agrees to give full consent to **Those Magic Beans** to film and capture still images of the above named dancer, and to use those still and moving images as part of this and future projects, for presentation to the public, and for future promotional purposes, 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, or parent/guardian of the aboved named acknowledges that if the producer/choreographer feels the behaviour or performance of the above named dancer is unprofessional, disruptive, or unacceptable for any reason, **they will be required to remove their son/daughter immediately.**

The auditionee, or parent/guardian of the above named understands that any role offered in the production is an **unpaid** role.

Should the need arise, the auditionee, or parent/guardian of the above named agrees to the person in charge giving consent on their behalf for an anaesthetic to be administered and/or for any urgent medical treatment to be given. **The auditionee, 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.

Signed _____
Parent/Guardian of under 18's, or Dancer if aged 18yrs and over

Print Name _____ Date _____