



Theatre, Representation, Entertainment
Acting Schools, Dramaworks.



Students Name

Age

Male/Female

Date of Birth

Parents/Guardian Name

Full Address (inc. postcode)

Telephone No

Mobile No

Emergency Contact No

Emergency Contact Name

Email

Please state if email is an ideal way of informing you about **Tread** notices & events:

(tick as appropriate)

Yes **No**

I understand that **Tread** follows **Child Protection**, **CRB** and **Health & Safety** policies. I hereby give permission for my child to be photographed/ videoed in productions and for the pictures/ footage to be used for promotional purposes within **Tread**.

Tread School You Attend or wish to Join

(i.e Liverpool, Cannock, Stock-on-Trent etc)

Date of Joining Tread

Council Borough

Any medical conditions?

(tick as appropriate)

Yes **No**

If YES please give details

Name & Address of Junior/High School

Please state any Performing experience

Signed

Print Name

Date

Relationship to Child