

*A Midsummer’s Night’s Dream*: Cast Details Form

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| Name: |  |
| Date of Birth: |  |
| Parent/Guardian Name: |  |
| Contact Number: |  |
| Contact Email: |  |
| The performance of *A Midsummer’s Night’s Dream* will be Saturday 1st May. I know that I can be available for this date. | Yes/No |
| Rehearsals for *A Midsummer’s Night’s Dream* will take place Saturdays 1-3pm from 9th January to Saturday 1st May 2021.  *There will be additional rehearsals planned in March/April ahead of the final performance.*  Please state in the box to the right whether you are unable to make any of these dates. |  |

Rehearsals will be held **1-3pm** at **Cygnet Theatre, Friar’s Gate, Exeter, EX2 4AZ**. The final performance will be held at the **Cygnet theatre**, Exeter on **Saturday 1st May 2021**. Cast are required to be available for the entire day of the performance to allow for a technical rehearsal in the morning.

The total cost to be involved in the project is £140. This is payable either in one instalment or as two separate payments. If you have more than one child attending and would like to spread out the costs further, please speak to Jake ([jake.anthos-arts@outlook.com](mailto:jake.anthos-arts@outlook.com)). *We will offer refunds for any cancelled sessions due to local/national lockdowns, provided they cannot be rescheduled.*

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| I agree to a payment of £140 for the full project.  Payment can be paid in full or two 50% payments of £70 via bank transfer to:  *Anthos Arts*  *Account Number: 57329370*  *Sort Code: 600806*  Alternatively, cheques to be made to Anthos Arts. Please contact us to discuss alternative payment methods/if you have any questions.  If you wish to play in two halves, then payments should be made by the following dates-  *1st payment by Saturday 13th February 2021*  *2nd Payment by Saturday 24th April 2021*  Those paying in full must do so by Saturday 24th April 2021.  ***PLEASE USE CHILD’S NAME AS A REFERENCE ON ANY PAYMENT.*** |  |

**Permissions and Emergency Contacts:**

As part of our safeguarding policy, Anthos Arts asks that parents of children and young people who attend our sessions have three emergency contacts whom we can contact in the event of an emergency. Participants under the age of 16 also require permission to leave rehearsals without being accompanied by an adult to travel home. Please fill out the boxes below.

I am happy for my child to leave rehearsals without being accompanied by a nominated adult:

YES/NO (please circle/delete as appropriate.)

I ……………………………….. hereby give my consent for the following individuals to collect my child/children on my behalf from sessions and events in my absence.

Signature: Date:

Name of Nominated Person #1:

Contact Number:

Relation to Child:

Name of Nominated Person #2:

Contact Number:

Relation to Child:

Name of Nominated Person #3:

Contact Number:

Relation to Child:

Parents/Carers/Guardians are at liberty to disclose the names of anyone who they know are NOT allowed to collect children on their behalf. Anthos Arts are committed to supporting safeguarding and the safety of children and so please let us know if you wish to name any such persons.

**Known Medical Information:**

(Please list all known medical information in regard to your child/children attending the sessions*. Our primary first aider during sessions is Jake Celecia*.)

CONSENT:

I ………………………….. hereby consent to any First Aid or medical treatment necessary to be given to my child/children ………………………………………………………………………………………………… during rehearsals. I authorise supervising staff to sign any written form of consent required by the hospital authorities if the delay in obtaining my signature is considered by the doctor to endanger my child’s health and safety.

**Media and Publicity**

A part of Anthos Arts’ new success has been our media attention. Please sign below to show that you are happy for us to photograph/video your child and that your child is allowed to be a part of any media used within our publicity.

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| I (parents/ guardians name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  allow my child ­­­­­­­­­­­­­­­­(child’s name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  to be photographed and videoed for use by Anthos Arts publicity. | Parent/ guardians signature |

Signed: Dated:

If there are any questions, then don’t hesitate to get in touch! Contact us with any queries you might have. Otherwise please return this completed form to [applications.anthos-arts@outlook.com](mailto:applications.anthos-arts@outlook.com).

Thank you for completing this form. We look forward to working with you.

*The Anthos Team.*