

The Revellers/Revelation Strings under 16's Registration Consent Form.

| Date of Concert: |
|--|
| Child's name: |
| Home Address: |
| Date of birth: |
| School: |
| Instrument: |
| Any medical conditions, allergies etc that we should be aware of? |
| Email address: |
| Telephone: |
| In case of emergency: |
| The Big Reveal normally includes a list of performers in their concert programmes and occasionally photographs may be published in the local press, on our website and Facebook page (no names would be included without the express permission of the parent/guardian). |
| I am happy for my child's name to appear in the concert programme |
| I am happy for photographs to be taken of my child during a rehearsal or performance |
| I give permission for my child's details to be provided to KCC for the purposes of complying with Child Performance Licencing Regulations |
| I understand that I will be responsible for my child at all times before, during and after rehearsals and concerts. n.b If you are entrusting your child to the care of someone else during a rehearsal or concert please give their name and a contact number below. |
| Name of parent/guardian: |
| Nominated Guardian and contact number (if applicable) |
| Signature: |
| Date: |