



Glenrothes Amateur Musical Association

(Affiliated to the National Operatic & Dramatic Association)

Personal details

Child's name

.....

Date of birth ___/___/___

Gender male [] female []

Contact details

Name.....

Address.....

.....

.....

.....

Phone number (.....).....

Mobile number.....

Email.....

Alternative name & address

.....

.....

.....

.....

Relationship of alternative contact to the child.....

Alternative phone number(s) (.....).....

.....

Medical details

Doctor's name.....

Doctor's address.....

.....

.....

.....

Doctor's phone number

.....

Medical conditions

Please give details below of medical conditions (e.g. asthma, epilepsy, diabetes, dietary needs); disabilities or medicines:

Parental Consent

In an emergency and/or if I cannot be contacted, I am willing for my child/ward to receive necessary hospital or dental treatment, including an anaesthetic and/or blood transfusion:

Yes [] No [] (please tick)

I am willing to take my child to and collect my child from the rehearsal room and inform the person in charge of the children that my child has arrived or is leaving:

Yes [] No [] (please tick)

If I am unable to drop off or collect my child personally, I will ensure that GAMA is kept informed as to who will be there instead of me:

Yes [] No [] (please tick)

Photographs shall be taken for publicity reasons (e.g. newspapers, programme, website). Names shall be added, but no personal details given without further consent. A video and Company photos are also taken for the GAMA archive and as mementoes. Photos and videos shall only be taken in public places and with everyone's consent. Under these circumstances, I agree to my child being photographed:

Yes [] No [] (please tick)

Parent's/Guardian's signature

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Child's signature (if 12 or over)

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