



*Anthos Young Company Encore Group-*  
**Autumn 2024 Cast Details Form**

Name:	
Preferred Name/Pronouns:	
Date of Birth:	
Parent/Guardian Names:	
Contact Number:	
Contact Email:	
This term's final showcase will take place on <b>Monday 18<sup>th</sup> November 2024</b> . I know that I/my young person can be available for this date.	Yes/No
<p>Rehearsals for autumn term 2024 will run from Monday 30<sup>th</sup> September to Monday 18<sup>th</sup> November. Please state any dates you are unable to make in the attached rehearsal schedule at the end of the form.</p> <p>Rehearsals will be held <b>6-8pm</b> at <b>The Barnfield Theatre, Barnfield Road, Exeter, EX1 1SN</b>. The final performance will be held on <b>Monday 18<sup>th</sup> November</b>.</p>	



PAYMENT INFORMATION

The total cost to be involved in the project is £80 (£10 x £8 weeks)

<p>I agree to payment of £80 for the full project.</p> <p>Payment via BACS to:</p> <p><i>Anthos Arts</i> <i>Account Number: 57329370</i> <i>Sort Code: 600806</i></p> <p>Please note, full payment must be made by Monday 21<sup>st</sup> October.</p> <p><b>PLEASE USE CHILD'S NAME AS A REFERENCE ON ANY PAYMENT AND DO NOT PAY UNTIL THEIR SPACE HAS BEEN CONFIRMED.</b></p>	
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**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. Please fill out the section 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.

**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.

<p>I (parents/ guardians name)          _____          allow my child (child’s name)          _____          to be photographed and videoed for use by Anthos Arts          publicity.</p>	<p><u>Parent/ guardians signature</u>          _____</p>
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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.*

**AUTUMN TERM REHEARSALS- SEPTEMBER TO NOVEMBER**

*Please state any dates you are unable to make.*

<p>Monday 30<sup>th</sup> September 6-8pm</p>	
<p>Monday 7<sup>th</sup> October 6-8pm</p>	



Monday 14 <sup>th</sup> October 6-8pm	
Monday 21 <sup>st</sup> October 6-8pm	
Monday 28 <sup>th</sup> October 6-8pm	
Monday 4 <sup>th</sup> November 6-8pm	
Monday 11 <sup>th</sup> November 6-8:30pm- DRESS	
Monday 18 <sup>th</sup> November 6-8:30pm- FINAL SHOW	