THE AYC PRESENT
AN EVENING OF
CONTEMPORARY PLAYS

An Evening of Contemporary Plays: Cast Details Form

Name:	
Preferred Name/ Pronouns:	
Date of Birth:	
Parent/Guardian Names:	
Contact Number:	
Contact Email:	
The spring term performance will be on Sunday 7th March. I know that I can be available for the whole of this day.	
Rehearsals for spring term will take place on Saturdays from Saturday 9th Jan to Sunday 7th March 2027. Please state any dates you are unable to make in the attached rehearsal schedule at the end of the form.	

Rehearsals will be held **1-3pm** at Exeter Community Centre, St David's Hill, EX4 3RG. The final performance will be held at the **Cygnet Theatre**, Exeter on **Sunday 7th March 2027.** Cast are required to be available for the day of the performance to allow for a technical rehearsal beforehand.

The total cost to be involved in the project is £100. If you have more than one child attending and would like to spread out the costs further, please let us know.

I agree to a payment of £100 for the full project. Payment via BACS to: *Anthos Arts* *Account Number: 57329370* *Sort Code: 600806* Please note, full payment must be made by Saturday 6th February 2027. **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: 29/09/2024

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:

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.

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

SPRING TERM REHEARSALS

Please state any dates you are unable to make.

Saturday 9th January 1-3pm	
Saturday 16th January 1-3pm	
Saturday 23rd January 1-3pm	
Saturday 30th January 1-3pm	
Saturday 6th February 1-3pm	
Saturday 13th February 1-3pm	
Saturday 20th February 1-3pm	
Saturday 27th February 1-3pm	
Saturday 6th March 1-4pm- **DRESS REHEARSAL**	
Sunday 7th March 1-8pm- **PERFORMANCE DAY**	

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.

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

The Anthos Team.