SALE GANG SHOW '15

Name…….
Address…….
……..
……..
Postcode ……..
Telephone No……
Email address

Emergency Contact number for rehearsal afternoons……

Date of Birth……..
I have been in Gang show before …yes/no
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Name of unit (e.g. 1st Brooklands)…….
Section (Please circle which one you belong to)
Beaver / Rainbow / Brownie / Cub / Scout / Explorer /Guide / Ranger / Young Leader / Leader

I give/do not give permission for my child to take part in "Gang Show 15". I will try to ensure that he/she attends all the necessary rehearsals. In the case of children under the age of 16, I understand that my child will not be allowed to leave the rehearsal or show venue without adult supervision, unless prior arrangements have been made with Gang Show officials.

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Health Information for the above named person
Does the person named above suffer from any medical conditions, allergies etc.?…….
If so, please give brief details ……..
……..
Doctor's Name …….
Doctor's Tel No ……
In case of an emergency I give/do not give permission for a person in charge at rehearsal to take my child to nearest hospital for any necessary treatment.

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Photographs

I give my permission for my child's photograph and name to appear in the Gang Show programme. For their photograph to be used for advertising & promotional purposes and for them to be filmed in the 2015 Gang Show

Signed ……(Parent / Guardian / Carer)

I give permission to claim gift aid on my behalf against the subscription paid to sale gang show ☐ (please tick)