



## PARENTAL PERMISSION FORM

Name:

Date of Birth: Age:			
Parent Contact Name:			
Parent Contact Phone Number:			
I hereby give permission for to perform in the Milton Keynes Amateur Operatic Society production of 'Dick Whittington' and will ensure that he/she is available for all performances as listed below:			
Day	Date	Time	Notes
Monday	17 <sup>th</sup> December 2019	All day	Get in (Crew Only)
Tuesday	18 <sup>th</sup> December 2018	All day	Get in (Crew Only)
Wednesday	19 <sup>th</sup> December 2018	All day	Get in & Tech (6pm)
Thursday	20 <sup>th</sup> December 2018	7.00pm	Dress 1
Friday	21 <sup>st</sup> December 2018	7.00pm	Dress 2
Saturday	22 <sup>nd</sup> December 2018	1.15pm & 6.15pm	2 shows
Sunday	23 <sup>rd</sup> December 2018	1.15pm & 6.15pm	2 shows
Thursday	27 <sup>th</sup> December 2018	7.15pm	1 show
Friday	28 <sup>th</sup> December 2018	7.15pm	1 show
Saturday	29 <sup>th</sup> December 2018	1.15pm & 6.15pm	2 shows
Sunday	30 <sup>th</sup> December 2018	1.15pm & 6.15pm	2 shows
Monday	31 <sup>st</sup> December 2018	3.15pm (Provisional)	1 show (Provisional)
Tuesday	1 <sup>st</sup> January 2019	3.15pm	1 show
Wednesday	2 <sup>nd</sup> January 2019	7.15pm	1 show
Thursday	3 <sup>rd</sup> January 2019	7.15pm	1 show
Friday	4 <sup>th</sup> January 2019	7.15pm	1 show
Saturday	5 <sup>th</sup> January 2019	1.15pm 6.15pm	2 shows
Total	16 performances (10 ever	nings & 6 matinees).	
I will ensure that he/she attends all rehearsals and will inform the Director/Choreographer in advance of any rehearsals which he/she is unable to attend. Dates already known in advance are listed overleaf.  I hereby give permission for my child (named above) to take part in publicity events, appear in publicity photographs and appear in a video recording of the production and to take part in rehearsals and be chaperoned during the production week in line with the Society's Child Protection Policy.			
I have read and accept the Society's Safgeguarding Policy.			
SIGNED: DATE:			
PRINT NAME:		RELATIONSHIP:	