



**THE GALLERY STUDIO THEATRE  
HOME OF THE GALLERY PLAYERS**

**Parental Permission Form** (to be completed by the parent/guardian of a performer who is under the age of 16 at the beginning of rehearsals for a Gallery Players show)

**Confidential**  
**Details for Performance Licence**

Title of Show:-

Name of child:-

Date of Birth:-

School attending:-

**Parent/Guardian contact information**

Name:-

Email:-

Telephone:-

Emergency Telephone Contact and Status (if different from above):-

Any relevant medical information you think we should know:-

***I give permission for my child to be part of any Social Media and publicity photographs and videos used to promote the show.***

***I will supply the names, in advance, of anybody, apart from ourselves who will be collecting our son/daughter from rehearsals and performances.***

Signed Parent/Guardian:-

Date:-

***(If you have any queries please contact our Head of Safeguarding Steve Wooldridge 07812 147025 stevewooldridge47@gmail.com)***