

**Robin Hood 2022 Audition Application Form**

Thank you for your interest in joining one of the Garrick Community Musical Creative Teams. When completed, please mark for the attention of Jonny McClean at the Lichfield Garrick and e-mail your application to education@lichfieldgarrick.com. Please note; if you are successful in gaining a place, there is a registration fee of £85 which will need to be paid within the first 3 weeks of rehearsals. There are pre-funded places available if you need one; please see the *Pre-Funded Places* part of this form for more information.

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| Name: |   |
| Address: |   |
| Email Address (Of Parent/Guardian if Under 18): |   |
| Home Telephone: |   |
| Mobile (If under 18 please ignore and fill out the below): |   |
| *If under 18* |   |
| Parent/Guardian/Carer Name: |
| *under 18* |   |
| Parent/Guardian/Carer Mobile: |
| Age *(Please note you must be 9 years old by the time rehearsals begin)*:  |   |
| Date of Birth: |   |
| Gender Pronouns (e.g She/her, he/him, they/them): |  |
| Do you have any access requirements? |   |

**Key Dates**

Company Auditions: 27/02/2022

Further Auditions (*if applicable):* 6/03/2022

Rehearsals Begin: 13/03/2022

*Please note that rehearsals will take place from 10:00am-04:00pm on Sundays. Further rehearsals may be arranged with lead characters but these will be arranged around participants availability.*

Technical Rehearsals: 15/07/2022 and 16/07/2022

Dress Rehearsal: 18/07/2022

Performance Dates: 19/07/2022 - 23/07/2022

**Pre-Funded Places**

We at the Garrick believe that everyone should have access to theatrical opportunities, so whilst there is a registration fee of £85 if you are successful in gaining a place in the Creative Team, we have a number of Pre-Funded Places which you can apply for should you not be able to afford the fee. All you need to do is select yes below, and we will be in touch to confirm your Pre-Funded Place.

**ARE YOU APPLYING FOR A PRE-FUNDED PLACE?** YES / NO.

We will use the contact details provided to inform you about rehearsals, performances, and other essential and practical details about your participation in this project.

**PLEASE PROVIDE CONSENT FOR THE FOLLOWING. IF THE PARTICIPANT IS UNDER 18, PLEASE PROVIDE PARENT/GUARDIAN CONSENT FOR THE FOLLOWING** (Please tick all that apply):

1. Future contact about similar learning projects by email [ ]

2. Use of image in workshop photographs/video for promotion of this project or future Lichfield Garrick projects, including show programme, with name accompanying image [ ]

3. Use of image in workshop photographs/video for promotion of this project or future Lichfield Garrick projects, including show programme, without name accompanying image [ ]

4. Use of image for creative support, e.g filmed choreography to aid with learning. [ ]

5. Release of image in workshop photographs for cast to keep. [ ]

4. Permission for the child to leave the premises alone to make their own way home [ ]

5. Permission for the child to leave the premises at lunch time [ ]

6. I give the Lichfield Garrick Theatre free use of all creative contributions made to the ‘Your Community Musical’ Project within the context of being in a creative team workshop setting [ ]

If you would like more details on any of the above statements before consenting, then please get in touch as soon as possible using the details at the top of this form.

**MEDICAL DECLARATION**

**PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF, INCLUDING ALLERGIES.**

By doing so you give Lichfield Garrick permission to record and process this information should we require it to carry out our duty of care when you are on the premises as part of rehearsals and performance.

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Your data will be kept securely in case of necessary review up until 01/08/2037. If you have given consent to option 1 of the above statements, then we will keep your data for marketing purposes until two years after we cease to have any further interaction with you. If you have given consent for options 2-3 then we will keep your data indefinitely. You can withdraw consent or ask us to delete your data at any time.

**PARENT/GUARDIAN SIGNATURE**

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**Emergency Contact Form**

Please would you complete this form and return it to Jonny McClean at education@lichfieldgarrick.com or in person.

**NAME OF EMERGENCY CONTACT . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**TELEPHONE NUMBER OF EMERGENCY CONTACT . . . . . . . . . . . . . . . . . . . . . . . . .**

**ADDRESS OF EMERGENCY CONTACT . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

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**POSTCODE OF EMERGENCY CONTACT**

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*This form will be securely destroyed at the same time as the rest of this registration pack, unless requested otherwise.*