

Information on this form will remain confidential; however it will be shared with Cambridgeshire County Council (CCC) to comply with Children (Performance and Activities) (England) Regulations 2014 to apply for a performance licence for all shows. The information that is shared with the CCC is only the performers Name, D.O.B, Address and School.



## Jack Stinton Dance Company Medical & Media Consent Form 21/22

Full Name		Date of Birth and Age	
Address		Postcode	
Class/Classes Attended			
Emergency Contact Detail 1		Emergency Contact Detail 2	
Medical Condition		Medical Treatment	
Any Allergies Please Detail		Any Dietary Requirements	
Email Address			
Any further information			
In ticking this box you agree to sign up to Jack Stinton Dance Company mailing list - to be removed from this list, please contact JSDC. JSDC will never pass on your contact details to anyone.			<input type="checkbox"/>

To comply with EU guidelines on GDPR you can be removed at anytime from our records please visit [www.jackstintondancecompany.com/forms](http://www.jackstintondancecompany.com/forms) and see our GDPR document for details on how your information is stored and protected.

### Photo Permission Form

Jack Stinton Dance Company may want to take photos from time to time, to help promote up and coming performances. In signing below you grant permission for yourself or your child(ren) to be photographed and that image used in print and electronic promotion. More details about how their image is used can be found on our website. Please leave blank if you do not wish photos to be taken.

Photo Permission Signature	
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I understand that it is my responsibility to update this form in the event that any of the information above changes or in the event that I no longer wish to allow images to be used.

Signed		Date	
Print			
Relation/Self			