



**essendon
theatre company**

PO Box 164
Moonee Ponds Vic 3039

Parental Consent Form

Please complete the following, sign and return to Essendon Theatre Company. Your child will not be able to participate until this form has been received.

Name of Child: _____

Date of Birth: ___/___/___

Parent/ Guardian Name: _____

Address: _____

Phone (day): _____ Tel (evening): _____

Mobile: _____ e-mail: _____

Emergency contact details: (If different from above)

Name: _____ Telephone no: _____

Relationship to child: _____

CONSENT (please read carefully)

- a) I agree to my son/daughter taking part in the activities of the Essendon Theatre Company.
- b) I understand that the Essendon Theatre Company accepts no responsibility for loss, damage or injury caused by or during attendance on any of the company's organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Company.

Name of Parent/Guardian: _____

Signature: _____

Date: _____