Raise the heART

 A Multi-Media Theatrical Show

**PERMISSION FORM**

I, (parent’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give permission for (child/ren’s name/s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the ‘raise the heART project” on Saturday mornings from 10.00am to 1.00pm at the Melton Youth Centre, I 93 Barries Rd, Melton.

Full-On Theatre is facilitating a youth theatre project titled ‘Raise the heART’ in Melton & Yarra. This project will help local youth develop a creative collaborative response to the violent race/religious based protests that occurred in their areas in 2015. Young people will be engage in critical dialogue, exploring the issues of identity & belonging in a safe creative space. ‘Raise the heART’ includes a variety of creative arts workshops, leading to an original theatre show & a documentary film based around the lives, stories and experiences of young people living in these areas. The project enables young people to create screen & social media content & to facilitate a youth led forum on ‘Belonging’ following the theatre show, where the themes of the show will be discussed by a panel of youth & community leaders.

**When Every Saturday in Term 3 & most of term 4**

**Time 10.00am to 1.00pm**

**Starting 22/7/2017**

For more information, please contact:

Dave Houston   Full-On Theatre

Mob  **0411 710 081**

Email  **dave@fullon.biz**

Web  **www. fullon.biz**

**PLEASE EMAIL THIS FORM TO dave@fullon.biz**

Parent/ carer details

Given name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_

Phone:

(home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact person – Please provide details of another person who can be contacted in case of emergency.

Name of nominated contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone :

(home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Image Consent

I consent to images of my child participating in the program to be used for program promotional purposes only.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE EMAIL THIS FORM TO dave@fullon.biz**