

DARLING DOWNS REVUE

2021 CAST APPLICATION FORM



CAST INFORMATION - *Note that fields in Red are required.*

GIVEN NAME: _____
 SURNAME: _____
 PREFERRED NAME: _____ Date of Birth: _____ M F
 ADDRESS: _____
 SUBURB: _____ Post Code: _____
 CAST MOB: _____ CAST E-Mail ADDRESS: _____
(E-mail address must be current and reliable for the season)

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN'S NAME: _____ PARENT/GUARDIAN'S NAME: _____
 PHONE NO. _____ PHONE NO. _____
 FACEBOOK NAME: _____ FACEBOOK NAME: _____
 OCCUPATION: _____ OCCUPATION: _____
 EMAIL: _____ EMAIL: _____

CONCESSIONS UNDER 9 YRS SCHOOL/STUDIES WORK

Reason for concession: _____

SCOUT / GUIDE GROUP: _____ Registration No: _____

Please tick your section JOEY SCOUT CUB SCOUT SCOUT VENTURER
 ROVER GUIDE LEADER (Guides) LEADER (Scouts)

SECTION / CREW LEADER: _____

MOB/PH: _____ E-Mail ADDRESS: _____

SCHOOL or OCCUPATION: _____ YEAR LEVEL 2021: _____

Do you play sport on Saturday/Sunday or work part time on the weekend? Please state day, time and place.

ALL APPLICANTS OVER 18 YEARS AGE Do you hold a Blue Card - Y N

If Yes complete the following: CARD NO: _____ Expiry Date: _____

Card issued by Scouts, Guides, Other Organisation (*please specify*): _____

DARLING DOWNS REVUE - 2021 AUDITION TIMES

PLEASE TICK THE TIME/S YOU ARE ABLE TO ATTEND.

The audition process will take approximately one hour.

*These are the only audition times available. Cast applicants will be advised of their actual audition time early June.
 If you are unable to attend these sessions, please contact the Production Coordinator, Russell Hartwig, on 0423 301418.*

SUNDAY 13th JUNE 2021 1:00pm 1:30pm 2:00pm 2:30pm 3:00pm 3:30pm
 SATURDAY 19th JUNE 2021 9:00am 9:30am 10:00am 10:30am 11:00am 11:30am

Information given in this Application will only be used in accordance with the Scout Association of Australia, Queensland Branch Inc. Privacy Policy.

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APPLICANT'S HEALTH DETAILS

I submit the following details for your attention: - Please attach details on an extra sheet if required.

Medicare No: _____ Date of last Tetanus Injection: _____

Details of any health, diet, physical or behavioural issues requiring attention:

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Details of any medication and dosage that will be carried:

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CONSENT OF USE OF PERFORMANCE

I understand and acknowledge that my participation in 'Darling Downs Revue' may be incorporated into a sound recording or film. I consent to the making of any sound recording or film of me/my child by representatives of the Darling Downs Revue and authorise The Scout Association of Australia, Queensland Branch Inc, to make use of such sound recording or film to do any of the Acts specified in Section 248G of the Commonwealth Copyright Act 1968:

As part of the general promotion and activities of the Darling Downs Revue, I give permission for the information and images of myself/my child to be published in various locations including, but not limited to, Scouting/Guiding publications, the general media or the Internet.

I have read and understand all the information and details in the 'Information Pamphlet' that was issued with this Application Form. I agree to abide by the Scout/Girl Guide Promise and Law, and Darling Downs Revue 'Code of Conduct', and the directions and decisions of the Darling Downs Revue Executive. I have read, and give permission in relation to, the 'Consent of Use of Performance' (as above).

Signed by Applicant: _____ Date: _____

IF UNDER 18 YEARS OF AGE

(No application form for Under 18 years of age will be accepted without the Parent's/Guardian's Signature.)

I hereby give my approval for my son/daughter to participate in 'Darling Downs Revue' as per the conditions outlined in the Information Pamphlet, the Application Form and the Consent of Use of Performance statement (as above).

In addition, I give my authority as per the following statement:

"In the event of injury to the Youth Member, where reasonable attempts to contact me are unsuccessful, I give authority for such medical treatment to be given to the Youth Member as is recommended by the Medical Practitioner and seems, in the opinion of the leader in charge, to be reasonable and appropriate. I undertake to be responsible for any fees or charges with respect to that treatment and to pay those costs on demand by the Association."

My signature bears witness and understanding to those conditions.

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

(If no second signature, please state a reason. for example, single parent): _____

Completed Application Forms are to be sent to:

DARLING DOWNS REVUE 2021, P.O.BOX 6310, CLIFFORD GARDENS, QLD. 4350

When you have finished filling in your application, save it as 'Revue Application 2021 - Applicants Name' and

Email to: applications@darlingdownsrevue.org.au

Or fill in online at: darlingdownsrevue.org.au

Please note that applications close on 29th May 2021

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