

Parental Consent Form

Name
Address
Post Code
E-mail
Mobile
Data of hirth
Date of birth
Age
60

Which ethnic group do you consider yourself to belong to?_____

White: Mixed: Asian: Black: Other: Prefer not to say:_____ **Emergency Contact Details:** Name Relationship Tel no (home). (mobile/work) Medical information: Name of Doctor Tel No Does your child suffer from any condition requiring medical treatment including medication? If yes please specify. I give permission for my child to take part in the activities provided by Energize and for the information to be held and used by the Energize Team. I give permission for Acts Trust to use photo/video footage taken during the activities for promotional purposes such as displays / DVD presentations of our work. I give permission for medical attention to be sought in case of emergency. I understand that Energize cannot take responsibility if your child does not abide within the Rules.

I give permission for my Child's e-mail and mobile number to be given to AEG Talent Agency.

only to be used for emergencies, event promotional use.

Dated______Signature.______Relationship.

Please complete and send with your child to the activities

Full Name

For further information call Monetia Smothers (404) 207-6518 or email: aegtv.ceo@gmail.com AEG TV Network is a global modeling and talent agency. Our talent will be booked for television, runway and performance jobs such as volunteers and exposure (non-paid) gigs surrounding entertainment and all under age models and/or talent must have consent signed consent from there parents or guardians before each event.

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