**Drama Dynamics**

[**www.dramadynamics.com**](http://www.dramadynamics.com)

Evelyn O’Sullivan ALAM, ALCM

School of Speech & Drama

 **Enrolment Form**

|  |
| --- |
| Student DetailsName:Date Of Birth: Age:Address: |

|  |
| --- |
| Parent/Guardian DetailsName:Contact Number:Email Address: |

|  |
| --- |
| 1: Does your child have special needs?If YES please give details :2: Does your child have any medical/allergy conditions of which I should be aware?If YES please give details : |

|  |
| --- |
| Parental ConsentI give consent for my son/daughter :-To be photographed/filmed during Drama Dynamics activities/events : YES / NOPhotographs/films to be used in posters/flyers, newspapers and : YES / NOWeb content for publicity purposesFirst aid/Medical assistance to be sought if necessary : YES / NO |

**Terms & Conditions**

**Representation**

All students registering with Drama Dynamics will be represented by Drama Dynamics as an agent.

The following is a term of agreement between Drama Dynamics and the student.

1. The agent will seek to gain employment for the student in Film, Radio, Theatre and advertising.
2. The agent will negotiate and collect all fees on behalf of the student.
3. For this the agent will take a commission of 20% of earnings.

In the interests of the student applying for a place and in the interests of other students, it is of the upmost importance that a participant will not have an adverse effect in terms of the health, safety and/or welfare of students or staff of Drama Dynamics. Drama Dynamics reserves the right not to accept an applicant if it is deemed that he/she is likely to have an adverse impact on any member of the group. Likewise, Drama Dynamics reserves the right to ask that a child not attend class if circumstances occur where such a concern arises.

**Signed**

**--------------------------------------- -------------------------------------**

**Evelyn O’Sullivan Parent**