CLASSIC TALK SHOW LIMITED

CHILD TALENT SHOW PROGRAMME

Building Stronger Relationships, Empowering Lives, and Inspiring Positive Change.

Email: info@classictalkshow.com **Phone/WhatsApp:** +233 (0) 552242113
Website: www.classictalkshow.com
YouTube: ChildTourism **Facebook:** child tourism

CHILD TALENT SHOW REGISTRATION FORM

Please complete the form in BLOCK LETTERS. All fields marked * are required.

1. PARTICIPANT'S PERSONAL INFORMATION

Date of Registration *	____ / ____ / _____
Child's Full Name *	_____
Gender *	☐ Male ☐ Female
Date of Birth *	____ / ____ / _____ Age: _____
Nationality	_____
Residential Address *	_____
School / Institution	_____
Class / Level	_____

2. PARENT / GUARDIAN INFORMATION

Parent / Guardian's Full Name *	_____
Relationship to Child *	_____
Primary Phone Number *	_____
Alternative Phone Number	_____
Email Address	_____
Emergency Contact (Name & Phone) *	_____

3. TALENT & PERFORMANCE DETAILS

Talent Category *	☐ Singing ☐ Dancing ☐ Acting / Drama ☐ Comedy ☐ Spoken Word / Poetry ☐ Instrumental ☐ Other: _____
Description of Performance / Talent *	_____ _____
Title of Song / Act (if applicable)	_____
Performance Duration	_____ minutes
Solo or Group Performance *	☐ Solo ☐ Group
Group Name / Number of Performers	_____
Music / Backing Track Required?	☐ Yes ☐ No If yes, details: _____

4. EVENT & PARTICIPATION DETAILS

Would you like the child to participate in the	☐ Yes ☐ No

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CTS Talent Show? *	
Availability for Auditions / Rehearsals	☐ Available ☐ Not available Preferred days / times: _____
Person Who Referred / Registered You	Name: _____ Phone: _____

5. TALENT SHOW GUIDELINES

Participants are expected to follow the event guidelines and instructions provided by CTS. Any special arrangements will be communicated to parents / guardians.

✓ Participants should arrive on time for auditions, rehearsals and the show.	✓ Performances must be suitable for children and the audience.
✓ Participants should respect judges, organisers and other performers.	✓ Any music or backing track should be provided to the organisers in advance.
✓ Parents / guardians should ensure that children are available at the communicated times.	✓ Costumes and props should be safe and appropriate.
✓ CTS will communicate event arrangements and any further requirements.	

6. PARENT / GUARDIAN CONSENT & DECLARATION

I, the undersigned parent/legal guardian, confirm that the information provided is accurate and give permission for the child named above to participate in the CTS Child Talent Show, including auditions and rehearsals. I agree to follow event instructions and notify CTS of any changes to the child's health or emergency contacts. I understand that photographs or videos will be taken or shared only in accordance with the consent arrangements communicated by CTS.

Parent / Guardian's Full Name *	_____
Signature / Thumbprint *	_____ Date: ____ / ____ / _____
CTS Officer's Name & Signature	_____ Date: ____ / ____ / _____

IMPORTANT: The information collected will be used for registration, event administration, communication and talent-show planning. Please provide accurate emergency and health information. Photographs or media featuring a child should only be taken or shared with the appropriate parent/guardian consent.