

REF YD/ZS

Date 11.12.23

Dear Parent/Carer

**EAST AYRSHIRE SCHOOLS'  
YOUTH DANCE COMPANY  
Primary 6/7-S1-S6  
DANCE FEST 2024**

We are excited to invite your child to apply to become a member of our Youth Dance Company. The group will represent East Ayrshire's most talented dancers and we would be thrilled to have your child on board, participating in performances and meeting new people from across East Ayrshire. Taking part is completely free however, transport is not provided. Whilst previous experience is not essential, a love of dancing and eagerness to take part is a pre-requisite.

The initial stage of the Youth Dance Company will be working towards a performance at our Dance Fest in April 2024, followed by a Summer School and subsequent Dance Leadership training.

**\*The Youth Dance Company is open to Primary 6, Primary 7, S1-S6 Pupils**

Please note participants are expected to attend every rehearsal and the performance as detailed below:

**REHEARSALS:**

- 16<sup>th</sup> February 4-6.30
- 23<sup>rd</sup> February 4-6.30
- 1<sup>st</sup> March 4- 6.30
- 8<sup>th</sup> March 4- 6.30
- 15<sup>th</sup> March 4- 6.30
- 22<sup>nd</sup> March 4- 6.30
- 19<sup>th</sup> April 4- 6.30
- 26<sup>th</sup> April 4- 6.30

**PERFORMANCE:** Tuesday 30<sup>th</sup> April 7pm- 9pm, The Gaiety Ayr

Rehearsals will be held in **Kilmarnock venue TBC** from **4.00pm-6.30pm**. Please note there will be no official tea break, only a comfort stop, please ensure your child has had a snack before arrival and bring water. The Dance group will take part in two different styles of dance, Jazz & Hip-Hop with two highly experience dance professionals.

**PTO**

## DANCE FEST 2024 REHEARSALS AND PERFORMANCE

<b>DANCE FEST REHEARSAL</b>	Youth Dance Group	Tuesday 30 <sup>th</sup> April 4pm The Gaiety, Ayr
<b>DANCE FEST PERFORMANCE</b>	Youth Dance Group	Tuesday 30 <sup>th</sup> April 7.00pm The Gaiety, Ayr

Please retain this letter for reference and return the attached double-sided Application/Parental Consent Form and Photographic Consent Form, with all required signatures to:

**Zara Smith,  
Cultural Coordinator, Dance & Movement  
Creative Minds,  
Civic Centre South,  
16 John Dickie Street,  
Kilmarnock,  
KA1 1HW**

Or scanned and emailed to [zara.smith1@eastayrshire.org.uk](mailto:zara.smith1@eastayrshire.org.uk)

No later than: **Friday 26<sup>th</sup> January 2024**

**Application forms received after this date cannot be guaranteed a place.**

Yours sincerely,

*Z Smith*

Zara Smith  
Cultural Coordinator, Dance & Movement  
Creative Minds Team

# EAST AYRSHIRE SCHOOLS' YOUTH DANCE COMPANY 2024

## APPLICATION FORM

Please note the following:

- i) You are required to attend all of the rehearsals and the performance as listed on the accompanying letter.
- ii) This form should be returned to Zara Smith, Cultural Co-ordinator, Dance & Movement, no later than **Friday 26<sup>th</sup> January 2024.**
- iii) We are confident that your child will be taught to a standard to enable them to perform their moves safely by a qualified and competent instructor. However, you should be clear when granting permission for your child to be involved in this project, that undertaking Dance is challenging and even with careful planning and supervision, there is a risk of injury, albeit low.

**Please ensure that all sections have been completed and all required signatures have been obtained before the form is submitted.**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

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

3. School: \_\_\_\_\_

4. Age and year at school: Age \_\_\_\_\_ Year \_\_\_\_\_

5. Years of dance experience (if any): \_\_\_\_\_

6. I (the under-signed) understand that as a condition of membership of the EAST AYRSHIRE SCHOOLS' YOUTH DANCE COMPANY I am required to attend all rehearsals and performance – dates as listed on the accompanying letter **(which should be retained for reference).**

Signature of pupil: \_\_\_\_\_

Signature of parent/carer: \_\_\_\_\_ (Parental Consent)

7. Parent email contact: \_\_\_\_\_

8. Medical Information: Please list below any medical conditions/medication/allergies to medication.

\_\_\_\_\_

Please forward all completed application forms to:

Zara Smith [zara.smith1@eastayrshire.org.uk](mailto:zara.smith1@eastayrshire.org.uk) by **Friday 26<sup>th</sup> January 2024**

PTO

PLEASE COMPLETE

EAST AYRSHIRE COUNCIL PARENTAL CONSENT FORM

EAST AYRSHIRE SCHOOLS' YOUTH DANCE COMPANY

Pupil's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attended: \_\_\_\_\_

1 Details of Journey / Event

East Ayrshire Schools' Youth Dance Company Rehearsals & Performance 2024:

DANCE: Rehearsals: 16 & 23 Feb, 1,8,15,22 March, 19 & 26 April Kilmarnock venue TBC

PRE-CONCERT REHEARSAL: DANCE: Tuesday 4pm 30 April 2024, The Gaiety, Ayr

CONCERT: DANCE: Tuesday 7pm 30 April 2024, The Gaiety, Ayr

I agree to my son/daughter ..... (name) taking part in the above-mentioned activities and, having read the information sheet, agree to his/her participation in all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.

2 Medical Information

(a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication? If YES, please give brief details.

\_\_\_\_\_

(b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious? If YES, please give brief details.

\_\_\_\_\_

9. Is your son/daughter allergic to any medication? If YES, please specify.

\_\_\_\_\_

(d) Has your son/daughter received a tetanus injection in the last five years? YES/NO

(e) Please outline any special dietary requirements of your child.

\_\_\_\_\_

I undertake to inform Zara Smith as soon as possible of any change in the medical circumstances between the date signed and the commencement of the rehearsals.

3 Declaration - please note that it is vitally important that the information below is completed with as many contacts as possible.

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I may be contacted by telephoning the following numbers:

Work: \_\_\_\_\_

Home: \_\_\_\_\_

My home address: \_\_\_\_\_

If not available at home, please contact:

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

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

Name, address and telephone number of family doctor: \_\_\_\_\_

Signature of parent/carer: \_\_\_\_\_

Date: \_\_\_\_\_



**YOUTH DANCE COMPANY 2024**  
**DANCE FEST 2024**

<b>Pupil's Name:</b>	
<b>School:</b>	

I agree/do not agree to my son/daughter having his/her photograph taken/filmed for publicity purposes and educational records.

*(Please delete as appropriate)*

<b>Signed:</b>		<b>(Parent/Guardian)</b>
<b>Print Name:</b>		
<b>Date:</b>		

Please return this completed alongside the completed application form to:

**[zara.smith1@eastayrshire.org.uk](mailto:zara.smith1@eastayrshire.org.uk)**

By no later than **Friday 26<sup>th</sup> January 2024**

Kind Regards,  
**Zara Smith**  
Cultural Coordinator, Dance & Movement  
Creative Minds Team