

Bathford Players Membership Information & Consent Form

Using this form, I would like to (select all that apply):

Join the Players

Update Contact Information

Provide Consent(s)

Section 1: General Member Information & Contact Details

Please enter the following details if joining the Players or you wish to update existing contact information.

Name(s): _____ Address: _____

Email Address: _____

Telephone: _____ Mobile: _____

Section 2: Young Actors Information

Please enter the following details for all children either joining the Players or participating in Players events.
Please complete one form for each child.

Full Child Name: _____ Date of Birth: _____ Age: _____

Who has parental responsibility for the child? Mother / Father / Both / Other: _____

Name(s): _____ Address(es): _____

Email Address: _____

Telephone: _____ Mobile: _____

Emergency: _____ Work: _____

Name(s) of adult(s) who will collect child at end of rehearsals and/or performances, or other arrangement:

Name(s): _____ Other: _____

(e.g. bus, walk) _____

Is there anyone who is NOT to collect the child? Name(s): _____

Any health or relevant allergy information for the child: _____

Section 3: Signature

I agree to pay the annual subscription fee of £5 / adult, £2 / student / child, £10 / family.

Note: Payment of annual subs is required to be covered by the Players' insurance arrangements.

Signed:

Name (printed):

Date:

Official Use Only:

Collected By:

Subs Collected:

Date:

Section 4: Production Consent & Safeguarding

- 1. This section is only to be completed by someone with parental responsibility for the child.**
- 2. Please complete one form for each child.**
- 3. Consent must be provided for each child for each production produced by Bathford Players.**

1. I confirm that the information given on this form is complete and correct to the best of my knowledge.
2. I give permission for the personal information provided by me to be held securely by the current production's director for the purposes of staging the production and contacting the cast and crew only, for the duration of the production.
3. I agree for my information to be added to a cast contact list which is to be shared with the cast and committee members of Bathford Players of the current production.
4. I give permission for photographs to be taken and used for press releases and publicity. Names will not be disclosed to external organisations.
5. I give permission for a video recording of the production to be made, and viewed solely by the cast of the current production, members of Bathford Players, and parents of young actors.
6. I give permission for a suitably qualified cast member or other member of Bathford Players to administer simple First Aid where necessary.
7. Should any urgent matters of concern arise, I give permission for contact to be made by the designated chaperones with the necessary medical / health / social services authorities.

Signature

Signed:

**Name
(Print):**

Date:

**Child Full
Name:**

Name of Production: