

Bathford Players' Young Actors Membership & Consent Form (Under 16s)

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

Join the Players

Update Contact Information

Provide Consent(s)

Section 1: 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 under 16 years old.

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 2: Parent Signature

Note: Completion of a membership form is required to be covered by the Players' insurance arrangements.

Signed:

Name (printed):

Date:

Official Use Only:

Collected By:

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 of the current production and committee members of Bathford Players.
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.

Parent Signature

Signed:	Name (Print):	Date:
Child Full Name:	Name of Production:	