



Following our AGM decision this year Membership is £15 for all age groups. For this you receive insurance cover, early access to ticket sales & plus tea, coffee squash, and of course biscuits. Please complete your form & hand in with payment to Rachael Cartwright. (cheques made payable to Aberdyfi Players) Payment must be made at or prior to the first rehearsal in the Autumn

GDPR Statement In line with the policy we keep only information that we need to run the Aberdyfi Players. We will not share your information with any third party and will never sell your data.

Aberdyfi Players Membership 2018

NAME:

ADDRESS:

CONTACT NUMBERS:

HOME:

MOBILE:

EMAIL ADDRESS: please print clearly

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email is our main method for sending details about panto events and activities and notices on our members website www.aberdyfiplayers.org.uk . We will not be using Facebook or WhatsApp for important messages.

Or Please sign up to our website www.aberdyfiplayers.org.uk to.

EMERGENCY CONTACT DETAILS: CONTACT NUMBER:

NAME:

RELATIONSHIP:

MEMBERSHIP DETAILS: ADULT / CHILD (please circle) If child please state age

POSITION: Please circle

eg cast, front of house, backstage, child chaperones, technical. Child chorus. Adult chorus, musicians, set design etc

MEDICAL INFORMATION: DO YOU/YOUR CHILD HAVE ANY PRE EXISTIING ALLERGIES OR MEDICAL CONDITION THAT WE SHOULD BE AWARE OF?

IS IT POSSIBLE YOU/YOUR CHILD WILL REQUIRE MEDICATION WHILST UNDER OUR CARE? YES/ NO please circle IF YES PLEASE GIVE DETAILS. (NO MEDICINE will be administered without detailed instructions and signature.)

There will be an official DVD made of the show which includes backstage clips, any person taking part in the panto does so with the understanding that filming will take place & thereby give their permission for themselves/ child to be filmed. If you have strong objections please circle no.

I GIVE PERMISSION FOR MYSELF/CHILD TO BE PHOTOGRAPHED FOR DISPLAY MATERIAL & FILMED FOR THE DVD

YES / NO (please circle) SIGNED: _____

Please see the Aberdyfi Players policy on social media on our website. www.aberdyfiplayers.org.uk

PARENTS: ABERDYFI PLAYERS MUST BE INFORMED IF YOUR CHILD IS TO BE COLLECTED BY ANYONE OTHER THAN YOURSELVES. PLEASE INFORM US WHEN YOU DROP YOUR CHILD OFF.

OFFICIAL USE: Membership paid Amount Paid: £ _____

Date Paid: _____