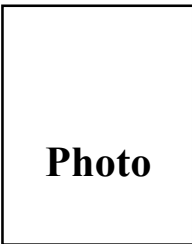




Sample: Member Registration Form (Under 18)



Member Details

Name _____ Date of Birth _____
Address _____
Telephone (Home) _____ (Mobile) _____

Parent(s)/Guardian(s) Details

1) Name _____
Telephone (Home) _____ (Mobile) _____
2) Name _____
Telephone (Home) _____ (Mobile) _____

Please nominate one other responsible adult in case we can't reach you in an emergency

Name _____
Telephone (Home) _____ (Mobile) _____

Does your child have any special needs? Yes No

If 'Yes' please give details _____

Does your child have any medical conditions of which we should be aware? Yes No

If 'Yes' please give details _____

Does your child have any allergies of which we should be aware? Yes No

If 'Yes' please give details _____

Parental Consent

I give consent for:

My son/daughter to attend weekly drama workshops Yes No

Photograph/Film of your son/daughter to be taken during youth theatre events Yes No

Photographs/film including your son/daughter to be used publicly in posters/flyers and/or newspapers for publicity reasons Yes No

First aid/medical assistance to be sought if necessary Yes No

I have read the attached Members' Code of Conduct Yes No

I have enclosed the membership fee of €++ cheque/postal order/cash* Yes No

Signed _____ Date: _____

*if you wish to discuss payment or paying by installments, or any other matter in relation to the above, please do not hesitate to contact **[Insert: Contact's Name and Contact Details]**.

Please return to **[Insert: Contact Name, Address, and Closing Date]**