



www.medsteadplayers.co.uk

Medstead Players Membership Form

I wish to be a full / junior member of the Medstead Players (delete as applicable).

Name:

Address:

Post code:

Tel:

e-mail:

I consent to my name, address, telephone number and e-mail address (delete as applicable) being stored in a confidential membership list. Members contact details will not be shared with third parties or outside the Medstead Players. For details see the Privacy Policy at www.medsteadplayers.co.uk.

I consent to reviews, pictures, audio and/or video recordings that may feature me participating in Medstead Players productions or related events being used for publicity on or off line, or for other purposes as may be agreed by the Committee.

I endorse the aims of child protection / safeguarding and will avoid any activity that may be counter to this and will report any such activity occurring at Medstead Players events in confidence to a member of the Medstead Players Committee. For details see the Safeguarding Policy at www.medsteadplayers.co.uk.

Signature:

Date:

Signature of parent or guardian if under 16: