

YOUNG BLOODS

MEMBERSHIP APPLICATION FORM

Please Return This Form And Membership Fee (£10) To:
Bernard Simon, 10 Concorde Close, Bexhill-On-Sea, TN39 4LS
Telephone: 01424 219659 / 07971 296063
Email: bpsimon@hastings77.freemove.co.uk

Dear Parent/Carer, please complete the following information.

Contact Details

Name of child:

Address:

Postcode:

Telephone numbers:

Email:

Date of birth:

School:

Next of kin (name/relationship/contact number):

Is the next of kin currently CRB cleared?

Any medical conditions we should know about:

Any family circumstances we should be aware of ? (E.g. Is there anyone who should NOT collect your child from rehearsals):

Permission

Do you give permission for your child to be videoed whilst performing in an BLOODS production?:

YES NO

PLEASE NOTE THAT IF THE BOX 'NO' IS TICKED YOUR CHILD MAY BE EXCLUDED FROM PERFORMANCES AND/OR REHEARSALS

Do you give permission for us to use photographs of your child to promote BLOODS productions?:

YES NO

PLEASE NOTE THAT IF THE BOX 'NO' IS TICKED YOUR CHILD MAY BE EXCLUDED FROM PERFORMANCES AND/OR REHEARSALS

Chaperones

We encourage each member to have a parent/guardian who is a qualified Chaperone.

Please advise us if you are:-

Registered as a Chaperone, if so your licence number date

If you are willing to be a Registered Chaperone. We will assist you with your application.