



# Junior Membership Form

Dear Parent or Guardian

Knutsford Little Theatre has a responsibility to ensure children taking part in activities at the Theatre feel safe and protected at all times. Detailed documentation relating to our child protection policies and procedures is displayed in the rear corridor of the theatre, with copies available on request.

The Children and Young Persons Act requires the Theatre to inform Cheshire East Council of those children taking part in our productions and we require Theatre membership for all performers. Theatre Membership becomes due for renewal at the Annual General Meeting and lasts for one year, until the following Annual General Meeting. Members joining immediately prior to a junior production must renew their membership in order to participate in the pantomime and next junior production.

We may use photographs to publicise productions and, by allowing their children to become members, parents and guardians consent that photographs may be used on the society's website and in local newspapers and that rehearsals or productions may be filmed for the purpose of producing DVDs for internal theatre use.

When collecting children, parents (or a responsible adult nominated by the child's parent) **MUST** sign the register, they should enter the theatre via the rear backstage doors at the end of **rehearsals** but must wait in the theatre foyer after **performances**.

The Theatre requires accurate contact information for the parents and guardians of all junior members. Please complete the information slip below, signing and returning the form together with the membership fee of £15 as appropriate to

The Membership Secretary,  
Knutsford Little Theatre,  
Queen Street,  
Knutsford,  
WA16 6HZ.

Name of child \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of contact \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Local Authority child lives in (eg Cheshire East) \_\_\_\_\_

Tel home \_\_\_\_\_ Contact Email \_\_\_\_\_

Mobile \_\_\_\_\_ .Alt contact \_\_\_\_\_

Name of person collecting child \_\_\_\_\_

In the case of an emergency, it is important we have access to contact details in order to make contact to parents/guardians. Please complete the tables below with this information.

Emergency Contact 1			
Name		Relationship to Cast Member	
Home Number			
Mobile Number			
Email Address			

Emergency Contact 2			
Name		Relationship to Cast Member	
Home Number			
Mobile Number			
Email Address			

Known Medical Conditions (Please See Director With Any Further Information)

### General Data Protection Regulation (2016)

The information you have provided in this form is to be held by the theatre committee and directors in case of emergency. This form will be kept alongside other forms filled in regarding this cast member and will not be shared with any other party except for extreme circumstances. By signing below, you are happy for the data to be kept in this way by the nominated persons, and that you are happy to be contacted by these means.

I agree to the use of photography and video.

I have read the CP Policy and confirm I will comply with the register procedure.

I enclose membership fee of £15 - cash/cheque payable to Knutsford Little Theatre

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print \_\_\_\_\_

**FOR OFFICE USE ONLY**

Payment made \_\_\_\_\_ Payment Method CASH / CHEQUE

Data entered \_\_\_\_\_