



www.medsteadplayers.co.uk

Medstead Players Membership Form

I wish to be a full / social / 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 included in a confidential membership list available to Medstead Players' members.

I consent to pictures and videos that may feature me participating in Medstead Players productions or other events being used for publicity and on the website or for purposes 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.

Signature:

Date:

Signature of parent or guardian if under 16: