DYNAMITE DRAMA COMPANY

MEMBERS DETAILS

(please always update us with any changes to details)

Name ..... Age ..... D.O.B. ..... /..... / .....
Address .....
.....
Postcode ..... Home Telephone .....
Date joined Dynamite *(only if new member)* ..... / ..... /..... T-Shirt Size .....
Child's Mobile ..... & Email.....
Parents First Names .....& Mobiles .....
and..... Parents Email .....

DYNAMITE SUBS ARE DUE AT THE BEGINNING OF = MARCH, JUNE, SEPTEMBER, DECEMBER

All membership is under a three month probationary period. When signing, members, parents and guardians need to be aware of the 100% commitment needed for rehearsals and shows.

MEDICAL INFORMATION

Fill in if your child has any allergies, takes daily medication or has a medical condition we need to know about in case of a medical emergency

.....has.....and takes .....
Doctor .....Telephone .....

Please use the back of this form for further information if needed

EMERGENCY CONTACTS

In the event of an emergency, please give two more contact Names and Numbers.
(And please tell them you have!!!!)

Name	**Name** .....
Telephone	**Telephone** .....
Mobile	**Mobile** .....
Relationship to child	**Relationship to child** .....

Dynamite Drama Company will not be held responsible for the loss of personal belongings during Classes, Outings, Fundraising Events or Shows.
I give my permission for the child named above to be photographed, filmed or interviewed for publicity purposes to promote Dynamite Drama Company events.
PLEASE NOTE: Children will always have Dynamite adults with them at any such event.

Signed ..... **Date** .....
Parent/Guardian

In accordance with the Data Protection Act 1981 all of the information contained on this form will be kept strictly confidential and not given whole or part to any other party.

REGISTERED CHARITY NUMBER 1117485