



fisher youth theatre group

Membership Form Autumn 2009

(only one member per form)

please complete in block capitals

Member Information			
Full Name:		Known Name:	
I am interested in joining, please insert <input checked="" type="checkbox"/> to all that apply			
(7 - 12 years)		(7 - 11 years)	(13 - 17 years)
Junior production group	Junior drama club	Senior production group	LAMDA
Date of Birth:		Age last birthday:	
Address:			
			Postcode:
Home Telephone No:			
Members e-mail address:		Members Mobile No:	
It is cheaper for the group to keep you informed by e-mail – you'll hear about things quicker too!			
Parent / Guardian Information			
Name:		Relationship to member:	
e-mail address:		Mobile No:	
Emergency Contact Information (other than parents)			
Named persons authorised to collect child at anytime:			
Name		Contact No:	
Name		Contact No:	
Name		Contact No:	
Doctors Name and Surgery address:			
			Telephone No:
Please detail any medical conditions or special needs we should be aware of, please continue on a separate sheet if necessary			

fytg Membership Secretary

Luci Bedwell-Lee

12a Bardolph Road

Bungay

Suffolk

NR35 1BN

e-mail to: luci-okco@talk21.com Tel: 07917 148 096

For all fytg information & history go to our website: www.fytg.co.uk

Which school do you currently attend?
Do you play any musical instruments? Please detail what you play and at what grade:
Do you have dance lessons? Please detail style and grades achieved:
Are you interested in back stage roles, i.e. costumes, hair & make-up, lighting, sound, set designing/ construction, stage management?

Membership Agreement

This agreement is designed to give all participants' especially young people a clear set of expectations and guidelines, which should allow activities to be focused, meaningful and valuable for everyone.

If you are under 16 you need to ask a parent to sign this too.

By joining fytg I confirm that:

I understand the focus of the group is to develop performance skills and disciplines.

I want to work in partnership with other people, valuing and respecting their work.

I am committed to attending the sessions and any additional rehearsals required.

I undertake to:

Inform the director or session leader of absence from a scheduled rehearsal or session in advance

Come appropriately dressed for sessions and switch off my mobile phone.

Co-operate with reasonable requests from group leaders and theatre staff.

Conditions of contract:

Parents are responsible for delivering junior members (7 – 12yrs) to the care of a group leader (rather than dropping outside the theatre). Parents are expected to collect children at the finishing time, supervision is not provided after the advertised finishing time.

Parent/guardians giving permission to their child to leave the premises during a rehearsal/ production/ session at the directors/ session leaders discretion will supply the fytg director or session leader with a letter of authorisation for junior members.

Photography/video permission

Occasionally the fytg sessions may be filmed or photographed and could be used in, but not limited to use in newspapers, marketing and viewing on our website for monitoring, general press and publicity purposes. I give permission for my child to be filmed and photographed and should I object then I will confirm my request in writing and send it to the fytg Membership Secretary, Luci Bedwell-Lee, 12a Bardolph Road, Bungay, Suffolk, NR35 1BN

Cancelled memberships cannot be refunded either in full or part.

Information from this form will be transferred to a database administered for the purpose of managing a theatre group; from time to time we may also send you emails from other arts groups that may be of interest to you.

Signed by member:	Date
Parent/Guardian signature if member is under 16 years old:	Date

Join our parent Rota	Yes <input type="checkbox"/>
The Parent Rota is a way for parents to contribute to running activities. It helps ease the burden on existing volunteers and as little as a few hours per school term would be a great help.	No <input type="checkbox"/>



equal opportunities monitoring form

please tick the appropriate category (if relevant) in each of the four sections

this form will be separated from your membership form and treated in the strictest confidence

1. What is your gender?	<input checked="" type="checkbox"/>
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
2. What is your age?	7-10 <input type="checkbox"/> 11-13 <input type="checkbox"/> 14-16 <input type="checkbox"/> 17-19 <input type="checkbox"/>
3. What is your ethnic origin?	
White	
English /Welsh /Scottish /Northern Irish /British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>
Any other White background (please write in)	<input type="checkbox"/>
Mixed/multiple ethnic group	
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other mixed/multiple ethnic background (please write in)	<input type="checkbox"/>
Asian/Asian British	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background (please write in)	<input type="checkbox"/>
Black/African/Caribbean/Black British	
African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any other Black/African/Caribbean background (please write in)	<input type="checkbox"/>
Other ethnic group	
Arab	<input type="checkbox"/>
Any other ethnic group (please write in)	<input type="checkbox"/>
4. Do you have a disability?	
Learning disability or difficulty	<input type="checkbox"/>
Long-standing illness or health condition	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>
Physical impairment	<input type="checkbox"/>
Sensory impairment	<input type="checkbox"/>
Other	<input type="checkbox"/>
(please write in)	