



**Nantwich Players
Youth Theatre
Membership Application**



The minimum age to join Nantwich Players Youth Theatre is 11 - (Year 7) - we do not accept children until of High School age - but Year 6 pupils can apply to become members in the term before they enter Year 7.

Surname _____ First name(s) _____

Date of birth _____

Address & Post Code _____

E-mail _____

Telephone (including code) _____ Emergency no. _____

Please indicate any disability (includes Asthma) _____

Does your child take regular medication Yes No (circle which applies)

If yes, please indicate _____

Youth Theatre Membership fees apply as follows:

- **A subscription of £15 per year (1st September – 31st August):** This covers insurance, the opportunity to audition for, or to be involved in some way, in any of the theatre productions, play readings and social activities. **The subscription is not required for three weeks after the first date of attendance.** This gives applicants time to decide if they want to become a full member of the Youth Theatre.
- **A payment of £3 per week for workshops:** Workshops are taken by visiting tutors who receive payment for their work. The £3 payment is a contribution to help offset the cost of the workshops. This payment is also required during rehearsals for the Youth Theatre production. **Payment for workshops applies from the first attendance.**

By signing this form, you agree to the following:

- **I / We agree to my/our son/daughter*** (delete as necessary) **becoming a member of Nantwich Players Youth Theatre.**
- **I / We agree to pay £15 per year subscription and £3 weekly for workshops.**
- **I / We have no objection to the personal details above being stored on computer records.** (This enables us to contact you and to send you details of Players' events.)
- **I / We have no objection to photographs being taken during workshops and performances.** (This includes Youth Theatre activities/productions and Nantwich Players activities/productions.)

Please note that adults involved with the Youth Theatre activities are DBS checked.

Signed: _____ **(Parent/Guardian) Date:** _____

Please return this form to:

**Mrs Linda Evans, 4 Marsh Green Road, Sandbach, CW11 3BH.
Tel: 01270 767283.**