S B Players Membership Form 2024

Full Name	
Date of Birth	
Address (inc Postcode)	
Home Tel No	
Mobile Tel No	
Email Address	
Emergency Contact (Name & Relationship to member)	
Emergency Contact Telephone Number	
Medical Conditions/medication that we need to be aware of.	
Do you have a current DBS check?	**Yes / No**

Membership Payments: □ £5 per year (*Payable annually in April*)

- ☐ I give my permission for any photographs and video recordings taken during sessions & projects which include me, and understand that they may be used for publicity, promotional, website or display purposes.
- ☐ I understand that I must follow the instructions and guidelines as set out by the group. Failure to do so may result in me being liable for any damage caused and ultimately being asked to leave the group. Please note all guidelines and relevant policies are readily available on our website.
- ☐ If I have any medical condition or special circumstances which the group need to be aware of, I have made sure that these are provided in the relevant section above. (NB - Any information you give here will be treated sensitively, in the strictest confidence and only for the purpose of keeping members safe.)
- ☐ I understand that when a member leaves the group their data will be destroyed. Anyone wishing to see what data we hold on them will be provided with this information upon written request. In circumstances where it is necessary to share data with a third party, we will make sure that this third party has an adequate data protection policy in place.

I have read and agreed to all of the information on this form. Please sign, date and return to the treasurer.

Name .....

Signature .....

Date .....

(Please complete and return this form including payment to the treasure asap.)

Office use only: Data Entered: Payment Rec'd: Cash/BACS

CONFIDENTIAL