MEMBERSHIP FORM - 2026 / 2027

Member Name ……

Email Address ……

Contact Number/s ……

Address ……

…… Post Code ……

Below to be completed for Members under 18 years of age, as at January 2027

Date of Birth ……/……/……. School/College Attending ……

Parent/Guardian Name ……

Parent/Guardian Contact Number/s ……

Parent/Guardian Email Address ……

Signed *(If under 18 this will need to be signed by Parent or Guardian)* ……

Membership Fees

Single Membership	£15.00	**Payment by BACS:**
Family Membership (2 adults/2children, same address)	£30.00	Bank: Lloyds Bank
Vice President (max. 2 adults, same address)	£50.00	Sort Code: 30-93-11
Corporate Vice President	£100.00	Account Number: 07270784

Membership Type	
Single	
Family	
Vice President	
Corporate Vice President	

Payment method	
Cheque (payable to Phoenix Theatre Group)	
Cash	
BACS	

In order to comply with the General Data Protection Regulation Act (GDPR), which came into effect on 25 May 2018, Phoenix Theatre Group requires you to please sign the following mandatory declaration.

HOW WE USE YOUR INFORMATION

Phoenix Theatre Group will process your confidential information – which includes your names, contact details and date of birth, only for business purposes. The data will be stored securely and for no longer than is necessary and solely for the completion of any ***Theatrical Performance*** activities. Please read our Data Protection Policy at www.phoenixtheatregroup.co.uk.

Please tick to confirm that you agree to Phoenix Theatre Group using your data to contact you in the following ways:

□ Mailing contact for the purpose of communications and newsletters.
□ Telephone contact for the purpose of communications.
□ Emailing for the purpose of communications and newsletters (this will be retained for the purpose of communication after membership has lapsed via MailChimp and can be unsubscribed directly)
□ In addition, you agree to the compliance of Phoenix Theatre Group's legal obligations, including the supply of data to the Department of Education and Government Regulators for the purpose of a licence to perform under the current Child Performance Acts.

To ensure the confidentiality of your data and compliance with the General Data Protection Regulation Act (GDPR) any third parties contracted by Phoenix Theatre Group are under a strict data protection agreement. Phoenix Theatre Group will not publish or share your confidential data with any other third parties other than mentioned herein. By signing this form, you declare that you will adhere to the Phoenix Theatre Group's policies as published on the Phoenix Theatre Group website, and where relevant you will adhere to our Data Protection Policy, Child Safeguarding Policy, as well as the Phoenix Theatre Group Code of Conduct and Constitution.

You understand that you have the right to change your permissions and withdraw any part of your consent at any time and must do so in accordance with our Data Protection Policy on our website, as stated above.

Signed: *(If under18 this will need to be signed by Parent or Legal Guardian)* ……

Please turn over and complete all sections of this form.

Parental Consent for Photographic/Film Use of Children under 18 years of age/vulnerable adult:

I, ……, (Parent/Guardian)

Address ……

…… Post Code ……..

being the Parent/Legal Guardian of the below named child hereby give permission for ***Phoenix Theatre Group*** to take and use publicity photographs/film of:

…… (Child Name) Age ……

I also consent to the use of photographs/film for publicity, marketing, and advertising for Phoenix Theatre Group productions. I agree that the photographs/film may be combined with other images, text and graphics and be cropped, altered or modified in any way that Phoenix Theatre Group deems appropriate. I consent to the provision of this form and the details within it to Phoenix Theatre Group, and to their storing these on a database. I understand that the child's name will not be given to press or public, without my consent, except for show programmes. I also understand that I may cancel this permission in writing, and that Phoenix Theatre Group will take all reasonable steps to ensure that photographs/film is withdrawn from future use.

Medical Questionnaire

1. Does your child have any existing medical conditions? Yes ☐ No ☐

2. Please state ALL medical conditions your child may have, even if minor; please include food intolerances, allergies and any stress-related conditions:

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3. Is your child receiving any medical treatment or medication for their condition at present? If so, please state details of treatment and medicines:

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4. In the unlikely event of an emergency, we will always try to contact you first. However, if you cannot be reached, please confirm your permission to take your child to hospital or to a doctor for treatment: Yes ☐ No ☐

Please note, that during shows, performers of compulsory school age, all medicines must be handed to the Head Chaperone. Medicines cannot be administered without the express permission and guidance of the Parent/Guardian.

Signed: …… Date: ……

Please return by email to: membership@phoenixtheatregroup.co.uk or hand in at your first rehearsal.

www.phoenixtheatregroup.co.uk