**WODYS MEMBERSHIP APPLICATION FORM**

**PLEASE RETURN THIS FORM TO: ELEANOR BUFTON**

wodysmembership@hotmail.co.uk

The information you give will only be accessible by members of the WODYS Committee. No information will be given out to any other person or organisation unless permission has been sought from you in advance. Upon receipt of this form, your child’s name and details will be placed on the Waiting List for WODYS, and an acknowledgement will be issued to you. **If you do not receive an acknowledgement, please contact WODYS’ Membership Secretary on** **wodysmembership@hotmail.co.uk**

WODYS meets principally on Saturday mornings during school term times, between 09:30 – 12:30 at St. Mary’s Hall, Northfield Street, Worcester, WR1 1NS. WODYS runs a variety of theatre workshops for its members during the Autumn Term, and then rehearses for a full scale musical during the Spring and Summer terms. During the rehearsal period some rehearsals also take place on Sunday mornings. Our shows are performed at the swan Theatre, Worcester in the first week of August.

Applications for WODYS auditions close on the second Saturday in August.

Membership of WODYS is by audition only, held annually each late September.

|  |
| --- |
| **CHILD’S DETAILS** |
| Forename |  |
| Known as *(if different)* |  |
| Surname |  |
| Date of Birth *(DD/MM/YYYY)* |  |
| Gender |  |

|  |
| --- |
| **CONTACT DETAILS** |
| Address |  |
| Post Code |  |
| Home Phone No. |  |
| Main Email Contact |  |
| Secondary Email Contact |  |

|  |
| --- |
| **EMERGENCY CONTACTS** *(Please provide* ***TWO*** *named contacts)* |
| **Details** | **Emergency Contact 1** | **Emergency Contact 2** |
| Name of Emergency Contact |  |  |
| Relationship to Child |  |  |
| Mobile Number |  |  |

|  |
| --- |
| **MEDICAL DETAILS** |
| Does your child have any medical conditions that WODYS should be aware of?If yes, please provide full details. | YES / NO |

**PERMISSIONS**

I understand that photographs and videos of my child may be taken by WODYS’ official photographer(s) under supervision and in connection with their participation in WODYS related activities, including performances. I understand that the photographs and names will be used for publicity purposes in, for example, newspapers, newsletters, programmes, display boards, WODYS social media accounts and webpages, and any other media which is deemed to be appropriate by the WODYS Committee. I also understand that the photos may be used in the future (i.e. beyond my child’s term of membership) to continue to promote either WODYS or WODS *(the parent Society).*

I understand that the WODYS’ Production Team and any other volunteers involved in WODYS are there to ensure my child’s safety. I understand that my child will be expected to follow their instruction and behave appropriately at all times.

On accepting a place at WODYS, I understand that there will be a Joining Fee and a termly subscription.

**Signature of Parent / Guardian**

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |