**WODYS MEMBERSHIP APPLICATION FORM**

**PLEASE SIGN AND RETURN THIS FORM TO:** MRS HELEN WEBB, WODYS MEMBERSHIP SECRETARY, 149 MAIN ROAD, KEMPSEY, WORCESTER, WR5 3LH or email 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 within 2 weeks of returning the form, 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 hrs 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.

Membership of WODYS is by audition only, held annually each September. Details of the auditions and pre-audition workshops will be sent to you by email in advance around mid-August.

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

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

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

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| **MEDICAL DETAILS** |
| Does your child have any medical conditions that WODYS should be aware of?If yes, please provide full details.*Notes**This should include any that:** *require your child to take / carry medication and whether they can administer this themselves;*
* *any medical issues that may affect them rehearsing or performing;*
* *any skin conditions that may be adversely affected by stage make-up;*
* *any other issues that should be known in order to ensure their safety.*
 | 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 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 consent to the fitting of microphones and costumes to my child, and to makeup being applied, and I have provided any medical information relating to the use of stage make-up above.

I understand that the WODYS’ Production Team, theatre staff, chaperones, and any other volunteers who work backstage are there to ensure my child’s safety. I understand that my child will be expected to follow their instruction and behave professionally at all times. This includes respecting the instructions of chaperones and other backstage adults (without whom WODYS would not be able to operate), and doing as they are told in respect of hair / makeup / costumes during shows.

I understand that I must escort my child to from St. Mary’s Hall or any other venue being used for all workshops and rehearsals to sign them in and out. Only youngsters who are 16 years or older, or those for whom we have received a signed letter of permission, will be permitted to sign themselves in/out.

**Signature of Parent / Guardian**

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