



Registration Form

PRIVATE & CONFIDENTIAL
MEDICAL & ALLERGIES - Please list any medical issues or allergies in the space at the back of this form.

PERSONAL DETAILS: *(Please complete in BLOCK CAPITALS)*

Name in Full:

Address:

..... Postcode:

Daytime Tel: Evening Tel:

Mobile Tel: Date of Birth: *(if under 18)*

Email address:

I would like to be involved in: *(please tick all that applies)*

Performing

Backstage

Scenery/Props Making

Costumes

Make-up

Refreshments

Marketing

Front of House

Martyr's Players would like to keep in touch with you regarding rehearsals / production details, future productions and casting information. Please indicate below your preference of contact:

Phone

Email

Postal

Please note - that if you do not select an option of contact we will not be able to provide you with any Martyr's Players information.

PHOTOGRAPHIC & VIDEO IMAGES

INFORMATION ON HOW WE WILL BE USING PHOTOGRAPHIC AND VIDEO IMAGES THAT WE TAKE AT MARTYR'S PLAYERS REHEARSALS, PERFORMANCES AND OTHER EVENTS:

MARTYR'S PLAYERS reserves the right to use any photograph/video taken at rehearsals, performances or any other event organised by MARTYR'S PLAYERS - without expressed written permission of those included within the photograph/video. MARTYR'S PLAYERS may use the photographs/video in publications, social media or other media material produced, used or contracted by MARTYR'S PLAYERS AND ST. GEORGE'S PARISH CHURCH of New Mills . This includes but is not limited to: brochures, newsletters, newspapers, websites, Facebook, Twitter etc.

Any person attending a MARTYR'S PLAYERS event who does not wish to have their image recorded for distribution should make their wishes know to the photographer and to speak to one of the MARTYR'S PLAYERS team.

By failing to notify MARTYR'S PLAYERS, in writing, your desire not to have your photograph used by MARTYR'S PLAYERS, you are agreeing to release, defend, hold harmless and indemnify MARTYR'S PLAYERS from any and all claims involving the use of your picture or likeness.

I approve that: Photographic Images and/or Video Images *(Please tick)* can be used as stipulated in the above information.

Name:

Signed: Date:

We endeavour to maintain the privacy of children and therefore ask for parental/guardian approval.

Parent/Guardian's Name:

Signed: Date:

