

Dusmagrik Young People's Theatre Company

Mary Carter
Administrator

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www.dusmagrik.com



Name of Child:			
Parent/ Guardian Contact:		Relationship to child:	
Home Address:			
		Postcode:	
Landline Telephone:		Mobile Telephone:	
Email:			
Child's School:		Child's Date of Birth:	
Please use the space below to indicate anything else of which we should be aware: (e.g. medical conditions, learning difficulties etc)			

Conditions of Membership:	
1	Email will be the primary mode of contact if included above as it keeps running costs down.
2	Workshop/Rehearsal subscriptions are currently £4.50 per session, payable on the day.
3	Annual insurance contribution, currently £12, is payable after the first workshop.
4	All folders and music remain the property of Dusmagrik Young People's Theatre Company and must be returned in a useable condition. Any lost or damaged items will be charged to the member at the full replacement cost.
5	Juniors and Seniors under 15yrs must be brought to, and collected from, sessions by a parent or guardian. Members will not be allowed to leave unaccompanied without written permission, in advance, from a parent guardian.
6	Photographs may be taken at rehearsals for use in publicity such as the local press.
7	Should the Administrator, using reasonable discretion, feel unable to allow a member to continue on account of conduct by the member, or anyone connected with the member, which makes it unethical or unsafe to continue teaching the member, any fees paid will not be refundable.

I confirm that I have read and agree to the 'Conditions of Membership' and request membership to Dusmagrik Young People's Theatre Company for the child listed above:			
Name (Please PRINT):		Name (Please SIGN):	
Date:			
Once this form is completed, please return it to Mary Carter at your first workshop.			