

PODyS Members Contact and Consent Form

Child's Name	
Date of Birth	
Address	

Emergency Contacts

1 st Contact		2 nd Contact	
Full Name		Full Name	
Relationship to Member		Relationship to Member	
Mobile Number		Mobile Number	
Additional Number		Additional Number	
Email		Email	

Any additional learning needs (ALN), medical conditions, disabilities or allergies etc that we should know about?

Media Consent – You grant to PODyS to use the member's:

- Image, physical likeness and name (Images)
- Voice and sounds (Sounds)

In any media or format ☐ (Please tick)

You will inform PODyS if you wish to withdraw this consent

Please provide your signature and the date below if you grant this member to volunteer in the merchandise front of house shop selling items before a show.

Sign: _____ Date: ____/____/____

Payment (once place is confirmed) to be made to

PODS	Sort Code: 40 36 06	Account: 20649392
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Please complete this form electronically and return by email to podys@podspenarth.org