

PODYS Members Contact and Consent Form			
Child's Name			
Date of Birth			
Address			
Emergency Contacts			
1 st Contact		2 nd Contact	
Name		Name	
Relationship to Member		Relationship to Member	
Mobile Number		Mobile Number	
Home Number		Home Number	
Email		Email	
Any medical conditions or allergies etc?			
<p>Media Consent – You grant to PODYS to use the member's:</p> <ul style="list-style-type: none"> • Image, physical likeness and name (Images) • Voice and sounds (Sounds) <p>In any media or format <input type="checkbox"/> (Please tick) You will inform PODYS if you wish to withdraw this consent</p>			

Payment to be made to		
PODS	Sort Code: 40 36 06	Account: 20649392

Please complete this form electronically and return by email to podys@podspenarth.org

