

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

<b>Payment to be made to</b>		
PODS	Sort Code: 40 36 06	Account: 20649392

Please complete this form electronically and return by email to [musicals@podspenarth.org](mailto:musicals@podspenarth.org)

