**STAMFORD GILBERT AND SULLIVAN PLAYERS**

Registered Charity Number: 116651

|  |  |
| --- | --- |
| Name: |  |
| Current Role(s): |  |
| Email: |  |
| Address: |  |
|  |  |
|  |  |
|  | Postcode: |  |
| Telephone: | Home: |
|  | Mobile: |
| Emergency Contact: | Name: |
| Phone Number(s): |  |
|  | (Please underline the best number during rehearsal evenings) |
| Medical Information Attached: | YES / NO (In sealed envelope to be opened in an emergency) |
| Date of Birth: |  |

By signing below, I consent to my image being used by the Players.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

All information will be kept within the Society; the information will be shared with Emergency Personnel and within the Committee for safety and contact purposes only.

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| Name: |  |

Medical Conditions:

Medications:

Allergies:

Signed: Date:

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| Name: |  |

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