****

**Membership Agreement Form**

Please ensure all requested information is provided IN BLOCK CAPITALS. Rest assured that all details will be securely held and treated with strict confidentiality in accordance with GDPR regulations. Your information will be used solely for Inverkeithing Encore purposes and will not be shared with any third parties. Please also complete the GDPR form.

**Personal Information**

|  |  |
| --- | --- |
| **Name of Member** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Name of School** (if applicable) |  |
| **Mobile Tel No.** (Member) |  |
| **Mobile Tel No**. (Parent / Guardian) |  |
| **Email Address(es)** *(this is to obtain a form of communication with you)* |  |

**Emergency Information**

Please supply the names and details of two people that may be contacted in an emergency:

|  |
| --- |
| *Contact Number One* |
| **Name:** |  |
| **Relationship:** |  |
| **Address:** |  |
| **Phone No:** |  |
|  |
| *Contact Number Two* |
| **Name:** |  |
| **Relationship:** |  |
| **Address:** |  |
| **Phone No:** |  |

**Medical Information**

|  |
| --- |
| **Do you have any medical conditions or allergies we should be aware of?** |
| *(Please specify)* |
| **Do you require any special accommodations?** |
| *(Please specify)* |
| **Are you currently taking any medication that we should be aware of?** |
| *(Please specify)* |

**Mental Health Support**

|  |
| --- |
| **Do you have any mental health conditions or specific needs we should be aware of to support your well-being?** |
| *(Please specify)* |
| **Do you require any accommodations or support related to your mental health?** |
| *(Please Specify)* |

**Permission to Administer Medication**

|  |  |  |
| --- | --- | --- |
| **If necessary, do you give permission for a designated member of Inverkeithing Encore to administer your medication?** | Yes | No |
| **If yes, please provide detailed instructions for administering the medication:** |
|  |

**Membership Agreement**

By signing this agreement, you are indicating that you are generally available for rehearsals and performances and will provide notice should circumstances change.

* I adhere to the guidelines and policies of Inverkeithing Encore
* I agree that all information provided in this form is correct.
* By signing this form, you commit to Inverkeithing Encore and will make every effort to be present.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GDPR Consent Form**

**Introduction**

Thank you for your interest in becoming a member of Inverkeithing Encore. During your time with us we will be working towards putting on productions for the local community.

We respect your privacy and are committed to protecting your personal data. This GDPR consent form outlines how we collect, use, and store your personal information in compliance with the General Data Protection Regulation (GDPR).

1. **Personal Information Collected**

We may collect and process the following types of personal data:

* Name
* Address
* Email Address
* Phone Number
* Date of Birth
* Information about any medical conditions, disabilities, and/or allergies
* The contact details of your parents/guardians, any other emergency contact and details of the person collecting you after rehearsals/show (inc. their name, email address, and contact number)
* Your photograph
* Any other information provided voluntarily.
1. **Purpose of Data Processing**

Your personal data may be used for the following purposes:

* Membership management
* Communication
1. **Consent**

By signing this consent form, you agree to the collection, processing, and storage of your personal data as described above. You have the right to withdraw your consent at any time by contacting us at curtaincallcollective1@gmail.com

1. **Data Security**

We are committed to ensuring the security of your personal data. All reasonable precautions will be taken to prevent the loss, misuse, or alteration of your information.

1. **Data Sharing**

Your personal data will not be shared with third parties.

1. **Data Retention**

We will retain your personal data for as long as necessary to fulfil the purposes outlines in this consent form or as long as required by law.

1. **Your Rights**

You have the following rights regarding your personal data:

* Right to access: you can request access to your personal data held by us.
* Right to rectification: you can request corrections to any inaccuracies in your personal data.
* Right to erasure: you can request the deletion of your personal data under certain circumstances.
* Right to restrict processing: you can request restrictions on the processing of your personal data under certain circumstances.
* Right to portability: you can request a copy of your personal data in a commonly used, machine-readable format.
1. **Videography and Photography**

Your videos and/or posters will be retained by our team for a period of three years. Once a publication exists on the internet it cannot be controlled, Inverkeithing Encore can only control the files we manage.

1. Contact Information

If you have any questions or concerns about our data processing practices or wish to exercise your rights under GDPR, please contact us at curtaincallcollective1@gmail.com.

By signing the below, you acknowledge that you have read and understood this GDPR Consent Form and agree to the processing of your personal data described herein.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_