



BANDON PLAYHOUSE
PO BOX 1047, BANDON, OR 97411
BandonPlayhouse.org

MEMBERSHIP APPLICATION FORM – YOUTH

Please Print

Youth Name (younger than 18)

Custodial Parent/Guardian Name

Mailing Address (include city, state and zip)

Home Phone

Mobile Phone

Email Address

Experience/Interests: Actor Singer Dancer Director Music Director Instrumentalist
 Stage Manager/Crew Costumes & Makeup Sets & Props Theater Tech Front of House
Other skills (musical instruments, gymnastics, etc.): _____

Annual Dues, Membership term January 1 through December 31 each year

Individual Membership, \$5 Family Membership, \$15 for four or more in same household

I would like to make a donation. Amount \$ _____

Payment:

cash -or- check # _____ Total contribution \$ _____

Family Membership enclosed separately, paid by _____

Agreement by Parent or Guardian

_____ (Initial) Participation: I understand and agree that the membership term is Jan. 1 to Dec. 31 of each year. My Child's name and photographic image may appear on Playhouse digital and print promotional media. My Child will abide by Playhouse and venue rules of conduct. Rules of Conduct at BandonPlayhouse.org/membership.

_____ (Initial) Release of Liability: I hereby release the following from any and all liabilities that that might occur should I, or My Child, become injured while participating in activities sponsored by Bandon Playhouse on any premises: Bandon Playhouse, its volunteers and members of the Board of Directors, host rehearsal or performance venue owners.

– COMPLETE INFORMATION AND SIGN ON REVERSE –

Bandon Playhouse Membership Form – Youth

_____ (Initial) Transportation: I understand participants under the age of 13 years must be signed in and signed out, of each rehearsal or event, by an authorized adult who has been designated on the membership form. Participants aged 13 to 18 may sign themselves in and out, but will not be released for transport by anyone other than those authorized in writing by the responsible parent/guardian. (NOTE: Include the youth's name, if licensed to drive independently; independent walking/cycling allowed during daylight hours only.)

Authorized Transport Other than Parent/Guardian

Name Phone

Name Phone

Name Phone

_____ (Initial) Permission to Treat: In the event the staff feels that medical treatment beyond their capabilities is necessary, I, the undersigned, hereby authorize the Bandon Playhouse and its volunteers to seek emergency medical attention for My Child. I understand that I will be responsible for any charges incurred.

Plead Print. * Asterisks indicate required information.			
Full Legal Name of Youth*		Date of Birth*	
Youth's Address*			
Full Legal Name of Custodial Parent/Guardian*		Best Phone Contact*	
Alternate Emergency Contact*	Best Phone Contact*	Relationship to Youth*	
Name of Primary Care Physician		Physician Phone	
Medical Insurance Provider	Name of Insured	ID/Policy #	Group # (if any)

Parent/Guardian Signature Date