



Membership Form

Membership is valid for one year from the date paid (Committee Members excepted)

Full Name			
Address			
Phone	(H)		(M)
Email Print CLEARLY			
Blue Card (if held)	Enter details on LRPA's Blue Card Register – see Production Manager		
Names of Children to be included in this Membership: -			

Emergency Contact information

Name			
Home		Mobile	

Custody

Are there any custody matters of which we need to know?	Yes / No
Information	

Office Use Only

Date Received	/ /	Data Input	Yes / No	Password Sent	/ /
Membership Received		Signature			

Medical Information

Please provide all relevant medical information including any allergies, treatments etc.

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Permissions for adults and children

Cross out those not appropriate to you.	Y	N
I give permission for my child to make their own way to and from rehearsals/shows.		
I authorise my child to travel in a car driven by a member of the Production Team or Management Committee, if unable to transport ourselves.		
I understand that every effort is made to provide a safe environment for me (and my child). However, in signing this form, I authorise the Production Team to obtain, at my expense, any medical, ambulance, or similar services considered necessary should assistance be needed.		
I recognise that being a part of a community involves mutual care and consideration, and therefore agree that if my child is behaving unacceptably, he/she may temporarily or permanently be prohibited from attending LRPA activities.		
I understand that I am required to follow Attendance Register procedures on arrival and departure.		
I give permission for my child's name and image to be used in LRPA advertising and social media.		
I give permission for my name and image to be used in LRPA advertising and social media.		
I give permission for my contact details to be available to other members as a way of contacting me or my child during the process of production.		

Signature: _____

Date: ____/____/____

Tear off if you wish – payment due at first rehearsal

Membership - \$30 (18+) or \$50 Family

Online payment page

Direct Credit
National Australia Bank
LRPA

BSB:- 084 657 Account:- 443 705 800



(Surname as Reference)

Membership fees defray Public Liability Insurance costs (Insured for \$20Mil)

Our Incorporation Number: IA31701 **Incorporated since** 28/11/2002 **ABN** 84 340 309 859