

# St. John's Drama Club

## Teen Membership Contract

Dear Applicant:

The St. John's Drama Club is a private club sponsored by the parishioners of St. John the Baptist Catholic Church in Front Royal, Virginia. All members and parents must join the Groups.io email group in order to stay informed with what is happening with the club. You may also ask to be added to the St. John's Drama Club Facebook Group for other information. A parent/guardian email address must accompany a youth email address or they must share a parent/guardian email account.

### Applicant Information

Applicant Name:

Home Address:

Home Phone:

Cell Phone:

Other: (please specify)

E-mail Address:

Alternate E-mail Address:

Date of Birth:

Age:

### Parent/Guardian Information

(Please write "Same" where information is same as Applicant)

Name:

Is at least one parent VIRTUS compliant?

Home Address:

Daytime Phone:

Evening Phone:

Other: (please specify)

E-mail Address:

Alternate E-mail Address:

### Emergency Information

Name:

Phone Numbers:

Email Address:

**To the Applicant:** By signing below, you confirm that you have read, understand and agree to abide by the St. John's Drama Club Bylaws and Code of Conduct. You also agree that you are prepared to dedicate your time and commitment to making the St. John's Drama Club and its theatrical endeavors, including but not limited to the fall production, a success.

**Applicant Signature**

**Date:**

**To the parent/guardian:** By signing below, you agree that your son or daughter may become a member of the St. John's Drama Club and that you understand the commitment they are undertaking. You agree to support your teen by encouraging his/her compliance with the Bylaws and Code of Conduct.

**Parent/Guardian Signature:**

**Date:**

**Parents or Guardian:** St. John's Drama Club may from time-to-time post images of cast member and/or names to the St. John's Drama web site. Please initial \_\_\_\_\_ to grant permission to the Club to post your teen's image and/or name.

If there is any medical information that we should be made aware including allergies, please describe below:

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**Please sign and return this form to the membership committee along with your \$10 annual dues.**