



# BART'S BARDS 2025 MEMBERSHIP FORM



Bart's Bards membership must be renewed annually. Annual dues are as follows: \$15 for an individual and \$30 for a household.

## **SECTION 1: MEMBER INFORMATION**

**Household Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Full Legal Name Member 1:** \_\_\_\_\_ **Birthdate (MM/DD/YYYY):** \_\_\_\_\_

Name as you would like it to appear in the program: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relevant allergies/medical conditions: \_\_\_\_\_

Emergency Contact & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Full Legal Name Member 2:** \_\_\_\_\_ **Birthdate (MM/DD/YYYY):** \_\_\_\_\_

Name as you would like it to appear in the program: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relevant allergies/medical conditions: \_\_\_\_\_

Emergency Contact & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Full Legal Name Member 3:** \_\_\_\_\_ **Birthdate (MM/DD/YYYY):** \_\_\_\_\_

Name as you would like it to appear in the program: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relevant allergies/medical conditions: \_\_\_\_\_

Emergency Contact & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Full Legal Name Member 4:** \_\_\_\_\_ **Birthdate (MM/DD/YYYY):** \_\_\_\_\_

Name as you would like it to appear in the program: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relevant allergies/medical conditions: \_\_\_\_\_

Emergency Contact & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **SECTION 2: SPECIAL SKILL(S)/AREA(S) OF INTEREST**

In most productions, there are volunteerism requirements to ensure the success of the production (E.g. set build, carpentry, running concessions/flowers, etc.). This helps us identify your specific skillsets.

**Member 1:** \_\_\_\_\_ **Member 3:** \_\_\_\_\_

**Member 2:** \_\_\_\_\_ **Member 4:** \_\_\_\_\_

### SECTION 3: ARCHDIOCESE OF CINCINNATI CHILD PROTECTION PROGRAM (AGE 18 AND UP ONLY)

Section 3 is only required for participation in activities in which there are participants who are under age 18 and who have not yet graduated high school. Note: If you previously completed the SafeParish initial registration in the past, please login to your account and ensure your account is in good standing by catching up on any outdated bulletins.

Anyone who is 18 or older and out of high school and participates in a production with minors **MUST** meet the Archdiocese of Cincinnati Child Protection Program requirements. **If the required training and background check are not completed prior to rehearsals you will forfeit your role and your role will be recast.** Requirements for adults participating in Bart's Bards productions with minors are:

1. Register for SafeParish online by visiting <https://www.aocsaafeenvironment.org/> and following the instructions in this document (<https://tinyurl.com/bards-safeeparish>)
  - a. Choose "St. Bartholomew – Cincinnati" from the dropdown list as your location and "Volunteer" as your role.
  - b. Add another location, choosing "John Paul II School – Cincinnati" as your location and "Volunteer" as your role.
2. Complete the online training course at the link provided during the registration process.
3. Complete an online background check (Selection.com) via the link provided during the registration process **(this is an additional cost separate from the Bards membership fee)**. This is a one-time requirement. You will not have to do this again even if you modify your volunteer locations, volunteer at a different parish, when a child enters high school, etc.
4. Maintain compliance with SafeParish by completing the quarterly SafeParish training video/quiz (sent to your email).

\_\_\_\_\_ By **INITIALING**, I (we) ensure that I (we) will adhere to all Archdiocese of Cincinnati Child Protection Program requirements before participating in Bart's Bards and understand that if I (we) do not, my (our) role will be recast.

### SECTION 4: RELEASE OF INDIVIDUAL PHOTOS AND VIDEOS

Group photos and videos of Bart's Bards members may be used in various Bart's Bards communications for publicity purposes, including the website and social media pages. Group photos and videos will NOT identify individual members. Individual photos and videos may be used and may identify individual members. **For individual photos and videos**, please **CHOOSE ONE** of the following:

- ☐ Bart's Bards **has my (our) permission** to use and identify individual photos and videos of me (us).
- ☐ Bart's Bards **must contact me (us)** before using identified individual photos and videos of me (us).
- ☐ Bart's Bards **does NOT have my (our) permission** to use and identify individual photos and videos of me (us).

### SECTION 5: AGREEMENT AND MEMBER SIGNATURES

By signing this Membership Form:

1. I (we) expressly release St. Bartholomew Parish, Bart's Bards, John Paul II Catholic School, The Archdiocese of Cincinnati, and their officials, officers, staff, and any other agents from any liability or responsibility in connection with any loss or injury that you (and/or your minor children) might receive as a participant while engaged in the activities of this ministry, including, but not limited to: 1) auditions; 2) rehearsals; 3) set/stage construction/deconstruction; 4) performances; 5) travel to and from outreach locations; and 6) social gatherings.
2. I (we) agree to reimburse Bart's Bards for any financial loss directly resulting from my (or my minor children's) actions or lack thereof throughout the course of this production, including those resulting in loss, damage, or destruction to set, costumes, props, etc.

**Signature Member 1:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(or Parent/Guardian if participant is under 18 years of age)

**Signature Member 2:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(or Parent/Guardian if participant is under 18 years of age)

**Signature Member 3:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(or Parent/Guardian if participant is under 18 years of age)

**Signature Member 4:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(or Parent/Guardian if participant is under 18 years of age)