

Please attach a
passport size
photo here.

Ensemble/Group/Centre

REGISTRATION FORM 2010/11

Please return to: **Mr John Fowles, B&NES Music Service, School Improvement & Achievement Service, Riverside, Temple Street, Keynsham, Bristol. BS31 1DN**

Member Details

Member's Name (*block capitals*) M F
Date of Birth (*dd/mm/yy*)
Ensemble/Group/Centre Membership
(If you a member of more than one Ensemble/Group/Centre – please list them **all** on this form)
Instrument/Voice Type
School (10/11) School year (at Sept 2010)

Contact Details

Name of Parent/Carer (*block capitals*)
Address
..... Postcode
Telephone (*Home*) (*Work*) (*Mobile*)
Home e-mail (*do not use member's personal e-mail address*)
Emergency contact Name (other than parent/carer)
Emergency contact Number (of name above)

Are you eligible for free school meals? Yes No

Does your child have any special education needs/medical conditions/allergies? Yes No

If yes please give details on the reverse of this form.

By signing below I give permission for the information on this form to be held by B&NES Music Centre Staff for use in case of emergency and I will inform the Music Service if any of the details on this form change.

Signature of Parent/Carer Date

Name of Parent/Carer (*block capitals*)

From time to time, the Music Service may wish to take photographs and/or video during rehearsals, concerts and events. These may be used in publicity material including brochures, programmes and on the website. If you would prefer us NOT to take images of your child, please tick the box.

Additional Information (including special educational needs/medical conditions/allergies)*

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* Please include any medication/medical equipment that may need to be brought to rehearsals