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|  | **Medway Music Association –**  **Music Centre Registration Form** |  |

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| **Student details** | | | |
| First name |  | Surname |  |
| Date of Birth |  | Address |  |
| School Attending |  |
| School Year Group |  | Postcode |  |
| Doctor’s Name |  | Doctors Telephone Number |  |

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| Emergency Contact Details - PLEASE SUPPLY TWO EMERGENCY CONTACTS | | | |
| Name of Contact 1 |  | Name of Contact 2 |  |
| Relationship to child |  | Relationship to child |  |
| Mobile Number |  | Mobile Number |  |
| Landline Number |  | Landline Number |  |
| Address (if different from above) |  | Address (if different from above) |  |

**Please write email addresses clearly as the majority of our communications will be sent via email.**

**\*By completing the Student email you are agreeing for MMA/Dynamics to contact them directly via email however the parent/carer will always be copied into all emails.**

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| **Email Address\*** | |
| Parent/Carer Email: |  |
| Student Email: |  |

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| **Medical Information** | | | |
| Does your child have any medical conditions we may need to know about? | No |  | *If yes please give details* |
| Yes |  |
|  | | | |
| Would you describe your child as having a disability? (please tick) | No |  | *If yes, how would you describe the disability* |
| Yes |  |
| Prefer not to say |  |
|  | | | |
| Do you consider that your child has learning difficulties? | No |  | *If yes please give details* |
| Yes |  |
| Prefer not to say |  |

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| **Medical Consent** | |
| I agree to the person in charge giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment | |
| Signed | Date |
| **Photographic Consent** | |
| I give consent for photographs/video images to be taken of my child and used for publicity purposes including press, media and website publications. | |
| Signed | Date |

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| **Musical details** | |
| What instrument (or instruments) does your child play? |  |
| What is the name of his/her instrumental teacher? |  |
| How long have he/she been playing? |  |
| Please state any grades achieved to date. |  |

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| **Please indicate which sessions you might be interested in taking part in. Full details of the sessions can be found on our website. Please note this is for information only and you are not committing to these sessions.** | | | |
| Recorder Group |  | Instrumental Ensemble Group |  |
| Ukulele Group |  | Fife Group |  |
| Music Appreciation |  | Choir |  |
| Have a Bash |  | Medway String Ensemble |  |
| Theory Group |  | Medway Wind Band |  |
| Medway Jazz Band |  | Medway You Orchestra |  |

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| **How would you describe your child (please tick)** | | | | | |
| White | British |  | Black/Black British | African |  |
|  | Irish |  |  | Caribbean |  |
|  | Gypsy or Irish Traveller |  |  | Any other Black background |  |
|  | Any other White background |  | Mixed | White and Asian |  |
| Asian/Asian British | Chinese |  |  | White and Black African |  |
|  | Bangladeshi |  |  | White and Black Caribbean |  |
|  | Indian |  |  | Any other Mixed background |  |
|  | Pakistani |  | Other Ethnic Group | Arab |  |
|  | Any other Asian background |  |  | Any other ethnic group |  |
|  |  |  |  | Prefer Not to say |  |

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| Does your child receive Free School Meals? *Please tick* | Yes |  |
| No |  |

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| Confidentiality Agreement |

*The information you have given on this form will be kept in paper form and will be held in our secure client database. It is covered by the Data Protection Act 1998. This means that you have the right to see any information that is kept about you if you want to. This information will be shared with Medway Council and with the Arts Council England. It may also be passed on if there is a risk of serious harm or threat to life.* By signing this form you agree to us recording, using and sharing the information on this form.

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| Declaration |

Parent/Carer Signature

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| **Signed** |  | **Name** | Date |