|  |
| --- |
| Medway Music Association – Registration Form |

|  |  |  |
| --- | --- | --- |
| MMA-Logo-Black-RGB compressed | Registration Form**Medway Schools Wind Band** | G:\MMA Work\MMA Admin\Misc\Logos\Dynamics Logo.jpg |

|  |
| --- |
| **Student details** |
| First name |  | Surname |  |
| Date of Birth |  | Address |  |
| School Attending |  |
| School Year Group |  | Postcode |  |

|  |
| --- |
| Emergency Contact Details |
| Name of Contact |  | Address*(If different from above)* |  |
| Relationship to child |  | Post Code |  |
| Mobile Number |  | Doctor’s Name |  |
| Landline Number |  | Doctor’s Phone Number |  |

|  |
| --- |
| **Email Address\*** |
| Parent/Guardian Email: |  |

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

|  |
| --- |
| **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 |  |

|  |
| --- |
| **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 |

**Please turn over and complete Page 2**

|  |
| --- |
| **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? |  |
| Has he/she taken any musical grade exams? |  |

|  |
| --- |
| **What is your child’s ethnic group? Choose one option that best describes your ethnic group or background (please tick)** |
| White | British (English/Welsh/Scottish/Northern Irish/British) |  | Black/African/ Caribbean/ Black British | African |  |
|  | Irish |  |  | Caribbean |  |
|  | Gypsy or Irish Traveller |  |  | Any other Black/African/Caribbean 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 |  |

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

|  |
| --- |
| 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 GDPR regulations. 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 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.

|  |
| --- |
| Declaration |

Parent/Guardian Signature

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

****Please return this form to Helen Stock by email (helen.stock@dynamicsmedway.co.uk) or by post (Dynamics CIC c/o 69 Borden Lane, Sittingbourne, Kent ME10 1BU)