



Longridge Band Membership Form

Please complete the form and return to our safeguarding officer Rachael Barry as soon as possible. A digital copy of this form can also be downloaded from our website, www.longridgeband.org.uk. Go to the *about* section and then *policies*.

Section 1: Personal Details

Full Name: _____

Date of Birth: / / **Instruments Played:** _____

Address: _____

_____ **Postcode:** _____

Home Phone: _____

Mobile No: _____

Email: _____

Are you currently a registered member of another band: _____

If Yes, please provide the band name: _____

Section 2: Equipment Provided

Please complete or write 'Yes' to any instruments/ uniform/ mutes/ equipment you currently have that belongs to the band.

Instrument Details:

Instrument:

Make:

Serial Number:

Mutes:

Lyre:

Uniform Details:

Stage Jacket:

Tie:

Walking Out Jacket:

I confirm that I have the above equipment and uniform in my possession and will notify Lauren Ogden (uniform) or Brian Law (Instruments) regarding any damage, losses or repairs needed.

Signed: _____

Date: _____

Section 3: Photography

I hereby give consent for the Band to take and use photos of myself/my child for marketing and promotion purposes, including publishing on the band website.

Print Name: _____

Signature: _____

Section 4: Emergency Contact Details and Medical Information

Emergency Contacts:

Please provide two people who we can contact in the case of an emergency:

Name: _____

Relationship: _____

Contact Number 1: _____

Contact Number 2: _____

Email Address: _____

Name: _____

Relationship: _____

Contact Number 1: _____

Contact Number 2: _____

Email Address: _____

Medical Information:

Please give details of any special circumstances or additional needs that might affect you/your child whilst taking part in activities, listing any medications (Disability/Medical/Allergies etc.) If there is no information, please write 'None'

It may be essential at some time for authorised persons acting on behalf of the band to have necessary authority to obtain urgent treatment in the case of an accident, illness or incident.

Please sign below if you give your consent to emergency treatment being given to the named member on this form by trained personnel.

For members under 16 years of age a parent/legal guardian must sign here.

Signature: _____

Print Name: _____

Please remember to **notify the Band Secretary** if there is any change in any medical condition.

Section 5: Data Protection

Data

I hereby give consent to the band to collect, store and use my/my child's data for membership administration purposes, in accordance with the band's privacy policy.

Signed: _____

Date: _____

Medical

I hereby give consent to the band to collect, store and use information regarding my/my child's medical information.

Signed: _____

Date: _____

Marketing and Promotions (optional)

I would like to be added to the bands external marketing mailing list
(e.g. emails about forthcoming events)

Signed: _____

Date: _____

The information in this document is confidential and is subject to data protection legislation and the band's Privacy Policy. This information will not be shared with any third party.

This information will be stored securely (whether in print or electronically) and only used and accessed by authorised band personnel in order to make contact with you for band related business.