



Longridge Youth Band Membership Form

Please complete the form and return to our safeguarding officer Rachael Barry or Musical Director Jonathan Ford as soon as possible.

Section 1: Personal Details

Child's Full Name: _____

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

Address: _____

Postcode: _____

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:

Band polo shirt:

I confirm that I have the above equipment and uniform in my possession and will notify Brian Law 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 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 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.

Signature: _____

Print Name: _____

Section 5: Data Protection

Data

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

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.