

## 1. PARENT / CARER CONSENT

I give permission for my child \_\_\_\_\_ to become a member of Resonate Music Studios and take part in a band, choir or orchestra. I understand that I am responsible for the safe dropping off and prompt collection of my child at the end of their rehearsal. I understand that my child must remain in the designated areas for music activity and that they must only enter/exit via agreed routes.

I understand that (where applicable, see below) membership fees will be charged to parents and that these fees must be paid. I acknowledge that non-payment of fees may result in membership of RMS being withdrawn.

After reading the Membership Fees document, please tick which level of membership you wish to sign up to:

- Level 1 Membership no cost to pupils
- Level 2 Membership £3 per week, £81 per year - Advancing Ensembles
- Level 3 Membership £5 per week, £135 per year - Resonate Youth Philharmonic

## 2. GENERAL INFORMATION

First Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Name of parent / carer: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Current School Attending: \_\_\_\_\_

Name of Instrument: \_\_\_\_\_ Approximate Grade: \_\_\_\_\_

Which RMS site are you interested in? RMS Bellerive  RMS Notre Dame

### 3. PERMISSION TO PHOTOGRAPH

Throughout the student's membership of Resonate Music Studios they will be participating in various performances (indoor and outdoor). There may be occasions when they will be photographed or videoed by staff and authorised bodies only. These images will only be used for future publicity purposes surrounding Resonate and Liverpool Philharmonic.

Do you give permission for this student to be photographed/videoed for publicity purposes? YES / NO

### 4. OTHER INFORMATION

Are you aware that this student is, or has ever been, in receipt of pupil premium or free school meals? YES / NO

Is this student reported as a looked after child? YES / NO

Do you consider this student to have a disability? YES / NO

Does this student have any special educational needs? YES / NO

Please give details below of any medical conditions / medication of which we need to be aware:

\_\_\_\_\_

Does this student carry medication with him/her? YES / NO

Is he/she able to administer it him/herself? YES / NO

Do you give your consent for a trained first aider to administer first aid and / or emergency medical treatment in the unlikely event of any accident or incident occurring? YES / NO

Do you give consent for secondary school age children to leave the premises unaccompanied? YES / NO

### 5. DECLARATION

I declare to the best of my knowledge all information included here is complete and correct.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

Start Date: \_\_\_\_\_ Ensemble: \_\_\_\_\_

Instrument: \_\_\_\_\_

Entered on System by: \_\_\_\_\_

Date: \_\_\_\_\_