

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 via Parent Pay. I acknowledge that non-payment of fees may result in membership of RMS being withdrawn.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: _____

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 Gateacre 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

Pupils of secondary school age will be allowed to leave the premises unaccompanied however if you do not wish your child to leave on his/her own, please tick here

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: _____