

Medway Music Association – Registration Form



Registration Form
St. Margaret's Music Centre



Your details

First Name		Surname	
Date of Birth		<i>If known by another name please state here</i>	
School Attending		School Year Group	

Email Address

Please write as clearly as possible

--	--

Emergency Contact Details

Name of Contact		Address	
Relationship to child			
Mobile Number			
Landline Number		Post Code	
Doctor's Name		Doctor's Phone Number	

Medical Information

Do you have any medical conditions we may need to know about?	No	<input type="checkbox"/>	<i>If yes please give details</i>
	Yes	<input type="checkbox"/>	
Would you describe yourself as having a disability? (please tick)	No	<input type="checkbox"/>	<i>If yes, how would you describe your disability</i>
	Yes	<input type="checkbox"/>	
	Prefer not to say	<input type="checkbox"/>	
Do you consider that you have learning difficulties?	No	<input type="checkbox"/>	<i>If Yes please give details</i>
	Yes	<input type="checkbox"/>	
	Prefer not to say	<input type="checkbox"/>	

Musical details

What instrument (or instruments) do you play?	
What is the name of your instrumental teacher?	
How long have you been playing?	

How would you describe yourself (please tick)					
White	British	<input type="checkbox"/>	Black or Black British	African	<input type="checkbox"/>
	Irish	<input type="checkbox"/>		Black British	<input type="checkbox"/>
	Other White Background	<input type="checkbox"/>		Caribbean	<input type="checkbox"/>
Asian	Asian British	<input type="checkbox"/>		Other Black Background	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	Dual Heritage	White and Asian	<input type="checkbox"/>
	Indian	<input type="checkbox"/>		White and Black African	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>		White and Black Caribbean	<input type="checkbox"/>
	Other Asian	<input type="checkbox"/>		Other Dual Heritage	<input type="checkbox"/>
Chinese		<input type="checkbox"/>	Other Ethnic Group		<input type="checkbox"/>
		<input type="checkbox"/>	Prefer not to say		<input type="checkbox"/>

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
--------	------

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 the Data Protection Act 1998. 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 Medway Council and with the 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
---------------	--	-------------	-------------