The National Centre *for* Early Music

Musical Play in a Week 2014: Registration and Consent form

Monday 11 – Friday 15 August 2014
10.00am – 4.00pm daily

This form should be completed and signed by a parent/guardian (1 form per participant)

Name of participant: ……... Age: ……Date of birth: ……...

Address: ……..

……Postal code: …….....

Telephone Number: …… Email address: ……....

Name of School…….....

Name of Emergency contact:……...

Relationship to participant: ……Emergency contact number: ……...

Does the participant have any medical conditions or allergies?…….

Is the participant taking any medication? ……..

If he/she plays an instrument, please state which instrument and approximate standard:

…….....

Please answer each of the following questions (with a tick as appropriate).

☐ I give permission for ……to take part in the Musical Play in a Week

☐ He/she will be collected by a responsible adult (name: ……..) **OR**

☐ He/she has permission to make his/her own way home.

☐ I give permission for photographs and/or video footage of the course to be published in the media, on the internet, and in NCEM publicity. (Names of young people photographed will not be published)

☐ I give consent for my contact details to be held by the NCEM. They will be used to inform you about the Musical Play in a Week and other educational activities.

☐ I enclose a cheque for £…….. (£100 per child) payable to the National Centre for Early Music.

Signed…… Date: ……

Places will only be confirmed on receipt of full payment and the completed Registration and Consent form. Places are booked on a first come, first served basis.
If the sessions are full, all forms and cheques received will be returned to unsuccessful participants

The National Centre for Early Music, St Margaret's Church, Walmgate, York YO1 9TL
Tel: 01904 632220 Fax: 01904 612631 Email: info@ncem.co.uk

Director: Dr Delma Tomlin

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