

Sefton Council

MEMBERSHIP OF SEFTON MUSIC CENTRE

SEPTEMBER 2021 TO JUNE 2022

THIS CONSENT FORM SHOULD BE COMPLETED AND RETURNED TO THE MUSIC CENTRE

Pupil Name:Yrs*		
* Members of Sefton Music Centre should be in Year 4 or above		
Instrument: Approximate Grade (if known)		
Rehearsals and Concert Performances		
In addition to weekly rehearsals, as a member of Sefton Music Centre, your child will take part in concerts and other events each term at various venues. Details of each event will be sent to you in a letter and/or published on the website. Please tick the statement below to give your consent for your child to take part in these events.		
☐ I give consent for my child to take part in rehearsals and concerts.		
Transport Arrangements		
\square I take sole responsibility for transporting my child to and from rehearsals and concerts.		
Use of Images by Sefton Music Service (SMS)		
For publicity and training purposes, we take photographs of our members participating in SMS activities. Collection and usage of images is detailed in our Data Protection Policy (updated September 2018). A copy of this document can be found at www.skymusichub.com.		
Please tick ONE:		
☐ I agree to SMS using images as detailed in the SMS Data Protection Policy		
☐ I DO NOT agree to SMS using images as detailed in the SMS Data Protection Policy		
<u>Please note:</u> If you refuse consent, we ask that your child make it known to their music service tutor that they are not to be photographed or filmed. The onus will be on the parent / student to withdraw from the photograph.		
Health and Safety		
The information that you provide will enable us to ensure the welfare of children and young people who are involved in Music Centre activities.		
Once your child arrives at the Music Centre, they will remain there for the full duration of the sessions, including all breaks. They will not be permitted to leave the centre for any reason.		
Please tick: I have read and agreed to the statement above.		
September 2021		



Illness & Medical Conditions

☐ I understand that if my child becomes unwell, I will be contacted by telephone and must arrange to collect them from Music Centre as soon as possible.			
Does your child have any medical condition that you think we should be aware of?			
	YES (please give full details below) $\ \square$	NO	
Does your child take any medications we should be aware of:			
	YES (please give full details below) $\ \square$	NO	
Does your child consider themselves to have a disability that you think we should be aware of?			
	YES (please give full details below) $\ \square$	NO	
Contact Details			
All contact details will be used in accordance with SMS Data Protection Policy			
Contac	ct 1 Name:	Contact 2 Name:	
Relatio	onship to Child:	Relationship to Child:	
Emergency Contact Tel 1:		Emergency Contact Tel 1:	
Emergency Contact Tel 2: Emergency Contact Tel 2:			
Contact Email Address (optional – will not be used in an emergency):			
Please write clearly in CAPITALS.			
Signed by Parent/Carer:		Date:	

