

## MEMBERSHIP OF SEFTON MUSIC CENTRE - SEPTEMBER 2023 TO JUNE 2024 THIS CONSENT FORM SHOULD BE COMPLETED AND RETURNED TO THE MUSIC CENTRE

Pupil Name:	Pupil Age: School:
* Members of Sefton Music Centre should	be in Year 4 or above
Instrument:	. Approximate Grade (if known):
• Ensemble: (please circle) Junior Woo	dwind/Senior Woodwind/Wind Band/Junior Strings/Senior Strings/
Junior Brass/Intermediate Brass/Bras	s Band/Percussion/Jazz/Songwriting
Rehearsals and Concert Performances	
and other events each term at various ve	nber of Sefton Music Centre, your child will take part in concerts nues. Details of each event will be sent to you in a letter and/or statement below to give your consent for your child to take part
☐ I give consent for my child to take	part in rehearsals and concerts.
Transport Arrangements	
☐ I take sole responsibility for trans	porting my child to and from rehearsals and concerts.
Use of Images by Sefton Music Service (S	MS)
	ke photographs of our members participating in SMS activities. I in our Data Protection Policy (updated September 2018). A copy ymusichub.com.
Please tick ONE:	
☐ I agree to SMS using images as de	tailed in the SMS Data Protection Policy
☐ I DO NOT agree to SMS using ima	ges as detailed in the SMS Data Protection Policy
· · · · · · · · · · · · · · · · · · ·	that your child make it known to their music service tutor that d. The onus will be on the parent / student to withdraw from the
Health and Safety	
The information that you provide will ena are involved in Music Centre activities.	ble us to ensure the welfare of children and young people who
Once your child arrives at the Music Centincluding all breaks. They will not be permanent	re, they will remain there for the full duration of the sessions, mitted to leave the centre for any reason.
Please tick: ☐ I have read and ag	reed to the statement above.



Illne	ss & 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	s your child have any medical condition tha	t you thi	nk we sho	uld be	e aw	are	O	f?									
	YES (please give full details below)		NO														
Does	s your child take any medications we should			••••••	•••••	•••••	••••	••••	••••	••••	••••	••••		••••	••••	••••	•••
	YES (please give full details below)		NO														
Does	s your child consider themselves to have a	disability	that you t	hink	 we s	ho	 ulc		 e a		are		 f?	••••	••••	•••••	·••
	YES (please give full details below)		NO														
	ASE INFORM US OF ANY CHANGES TO MED					•••••	••••	••••	••••	••••		••••	, <b></b>	••••	••••	•••••	·••
Cont	act Details																
All c	ontact details will be used in accordance wi	ith SMS L	Data Prote	ction	Poli	сy											
Cont	act 1 Name:	Cont	act 2 Name	e:	•••••		••••	•••••	••••	••••	••••	••••	· • • • •	••••	••••		
Relat	ionship to Child:	Relat	ionship to	Child	:	•••••	••••	•••••		•••••	••••	••••	· • • • •	••••	· • • •		
	rgency Contact Tel 1:act Email Address	Eme	ergency Co	ntact	Tel :	1:	••••				••••		••••				
Pleas	se write clearly.									<u>T</u>							
	ed by Parent/Carer:		Date:														

If you no longer wish to receive information about Music Centre activities, and you wish to have your details removed from our database, please email us directly: <a href="mailto:music.service@sefton.gov.uk">music.service@sefton.gov.uk</a>