

**2017-2018**

**DONEGAL YOUTH CHOIR**

**PERFORMING GROUP - ENROLMENT FORM**

**Student / Member Information:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Town*

*County*

Home Phone: \_\_\_\_\_ Parent/Guardian Mobile: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Age \_\_\_\_\_

Name of School you are attending: \_\_\_\_\_

Student Mobile No. (Only if 14yrs +) \_\_\_\_\_

**Parent/Guardian**, do you consent to allowing us to include your child(ren)'s mobile number when sending out notifications by text? **YES / NO** (Please **Circle One**)

**Performing Group Enrolment**

**Please note that our annual membership fee is €100.00  
(This grants you membership of one or more performing groups)**

REHEARSAL LOCATION: **Regional Cultural Centre, Letterkenny**

**Please note the names of any other performing group you are a member of below:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

OFFICE  
USE ONLY:

FAMILY I.D.:

Instrument  
I.D.(s):

COMMENTS:

### Emergency Contact Information/ Medical Information

**IN THE EVENT OF AN EMERGENCY, PLEASE PRINT THE NAME AND CONTACT NUMBER OF THE PERSON YOU WOULD LIKE US TO CONTACT:**

Name of  
Emergency  
Contact: \_\_\_\_\_

Phone Number of  
Emergency  
Contact: \_\_\_\_\_

Please state any medical conditions or allergies relevant to this student:

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### Photographic/Video Consent

**Occasionally a photographer/videographer may be present at some of the Donegal Music Education Partnership's concerts, rehearsals, workshops, classes etc. This photography and video footage may be used for PR purposes. Please tick if you consent.**

I **Parent / Guardian** hereby: (tick appropriate box)

Grant permission

Do not grant permission

to Donegal Music Education Partnership to take and use photographs and/or digital images of my child.

I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s).

My Child's Name: \_\_\_\_\_  
PLEASE PRINT

**By signing my name (below), I authorize the above information, and agree to the terms and conditions of Donegal Music Education Partnership:**

SIGNED: \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

DATE: \_\_\_\_\_