

Junior Choir 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**)

OFFICE
USE ONLY:

FAMILY I.D.:

Instrument
I.D.(s):

COMMENTS:

Performing Group Enrolment

NAME OF PERFORMING GROUP(S) YOU ARE JOINING: _____

REHEARSAL LOCATION: _____ (e.g..RCC, Letterkenny)

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

CONTINUED OVERLEAF.....

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:

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: _____