

## 2015-2016



## PERFORMING GROUP ENROLMENT FORM

Student / Member Information:			OFFICE
Full Name			USE ONLY:
T dil I dallo.			FAMILY I.D.:
Address:			
	Street Address		
			Instrument
	Town	County	I.D.(s):
Home Phone: Parent/Guardian Mobile:			
Parent/Guardian Name:		Parent/Guardian Email:	COMMENTS:
Student's D	ate 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)			
NAME OF F GROUP(S) JOINING:			
REHEARSA	AL LOCATION:	(e.gRCC, Letterkenny)	

CONTINUED OVERLEAF.....



DATE:



## **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 Phone Number **Emergency** of Emergency Contact: 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