donegal music education partnership



2017-2018

JUNIOR & INTERMEDIATE STRINGS

ENROLMENT FORM

Student / Member Information:		
Full Name:		USE ONLY:
i un runno.		FAMILY I.D.:
Address:		
	Street Address	
		Instrument
	Town County	I.D.(s):
Home Phor	e:Mobile:	
Parent/Gua	rdian Name: Parent/Guardian Email:	COMMENTS:
Student's D	ate of Birth:// Student's Age	
Name of Sc	hool you are attending:	
Student Mo	bile 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 <u>annual membership fee is €100.00</u> (This grants you membership of one or more performing groups)	
NAME OF I GROUP(S) JOINING:	PERFORMING YOU ARE Instrument:	
REHEARS	AL LOCATION:	

CONTINUED OVERLEAF.....





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:

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

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: