

Enrolment Form

Please complete in CAPITALS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | | | |  | | | | | | | | D.O.B. | |  | | |
| Address | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Postcode | | |  | |
| Daytime Tel | | | |  | | | E-mail | |  | | | | | | | |
| School | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
| Choir |  |  | | | | | | | | | | | | | | |
| Band |  | Instrument(s) | | | |  | | | | | Approx. Grade | | | | |  |
|  | | | | | | | | | | | | | | | | |
| Membership of other musical groups: | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Medical Information | | | | | | | | | | | | | | | | |
| Please give any important medical information that our staff should be aware of: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Emergency Name | | | | |  | | | | | | | | | | | |
| Emergency Tel | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Photography Consent | | | | | | | | | | | | | | | | |
| I (parent/guardian) consent to Castleford Young Musicians photographing my child for use in promotional material | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | Date | | |  | | | |



Enrolment Form

Please complete in CAPITALS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | | | |  | | | | | | | | D.O.B. | |  | | |
| Address | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Postcode | | |  | |
| Daytime Tel | | | |  | | | E-mail | |  | | | | | | | |
| School | | | |  | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
| Choir |  |  | | | | | | | | | | | | | | |
| Band |  | Instrument(s) | | | |  | | | | | Approx. Grade | | | | |  |
|  | | | | | | | | | | | | | | | | |
| Membership of other musical groups: | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Medical Information | | | | | | | | | | | | | | | | |
| Please give any important medical information that our staff should be aware of: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Emergency Name | | | | |  | | | | | | | | | | | |
| Emergency Tel | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Photography Consent | | | | | | | | | | | | | | | | |
| I (parent/guardian) consent to Castleford Young Musicians photographing my child for use in promotional material | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | Date | | |  | | | |

