

Music For Youth Schools Prom - Registration Form

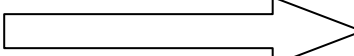
Please write in **BLOCK CAPITALS THROUGHOUT**

Full Student Name:	Present School:														
Date of Birth:	Age on 14 th November:														
Full name of Parent/Carer:	Parent/Carer email:														
Address: Post Code:	Telephone: Home: Mobile:														
Tick to confirm attendance at a special rehearsal day on Tuesday 25 th October at Little Stoke Primary School -NB this is during half term THIS IS HIGHLY RECOMMENDED															
Tick to confirm attendance at the final rehearsal on Sunday 6 November, Bath Pavilion (transport will be provided from South Gloucestershire) THIS IS COMPULSORY!															
Tick to confirm attendance at the MFY Schools Prom on Monday November 14 th at the Royal Albert Hall (transport will be provided from South Gloucestershire).															
Tick to confirm: I understand that if I am unable to attend the rehearsal on Sunday 6 November, I will forfeit my place and performance opportunity at the Music For Youth Prom and no refund will be given.															
T shirt size T shirts will be provided for the performance (included in the cost of the event). Please confirm your size using the box opposite. T shirts are unisex.	Please state size required <table border="1"> <tr> <td>Size</td> <td>S</td> <td>M</td> <td>L</td> <td>XL</td> <td>XXL</td> <td>3XL</td> </tr> <tr> <td>Chest</td> <td>34/36</td> <td>38/40</td> <td>42/44</td> <td>46/48</td> <td>50/52</td> <td>54/56</td> </tr> </table>	Size	S	M	L	XL	XXL	3XL	Chest	34/36	38/40	42/44	46/48	50/52	54/56
Size	S	M	L	XL	XXL	3XL									
Chest	34/36	38/40	42/44	46/48	50/52	54/56									

Please sign medical and image consent overleaf

Please return this form to: **Richard Jones, Music and Arts Strategy Manager**
 South Gloucestershire Music Hub,
 Little Stoke Primary School, Little Stoke Lane, Little Stoke, BS34 6HY.
 Tel **01454 863147** Email: richard.jones2@southglos.gov.uk

Web: www.southglosmusic.org

PTO 

MFY Schools Prom - Medical Information

Name of student:

School:

Please record any medical requirements/conditions

In case of emergency please give permission for staff to administer basic first aid

I am the Parent/ Carer of the child (Please delete as appropriate)

Signed

Print name

Image Consent

During both the rehearsal process and the performance, we may take videos, recordings & photographs of the students taking part. These may be used on the Music Hub web site, displayed in the Music Hub offices or at other South Gloucestershire council office or official events. These images and recordings may also be used by Music For Youth for their publicity materials.

Please sign below to grant permission for this use of any photographs or videos in which your child may appear. No child's name will appear with any photograph or image.

Name of child:

* I give my permission for any photographic or video images involving my child to be used as described above.

* I do not give my permission for any photographic or video images involving my child to be used as described above.

I am the Parent/ Carer of the child (Please delete as appropriate)

Signed

Print name

Date

The image(s) will be kept in accordance with the Data Protection Act 1998 and other laws.
This consent is valid for 5 years from the date of signature.