

Sefton Council

## MEMBERSHIP OF SEFTON MUSIC CENTRE - SEPTEMBER 2022 TO JUNE 2023

## THIS CONSENT FORM SHOULD BE COMPLETED AND RETURNED TO THE MUSIC CENTRE

Pupil N	lame: Pupil Age:Yrs*
* Mem	bers of Sefton Music Centre should be in Year 4 or above
Instrun	nent: Approximate Grade (if known)
<u>Rehear</u>	rsals and Concert Performances
and oth	tion to weekly rehearsals, as a member of Sefton Music Centre, your child will take part in concerts her events each term at various venues. Details of each event will be sent to you in a letter and/or ned on the website. Please tick the statement below to give your consent for your child to take part e events.
	I give consent for my child to take part in rehearsals and concerts.
Transp	ort Arrangements
	I take sole responsibility for transporting my child to and from rehearsals and concerts.
Use of	Images by Sefton Music Service (SMS)
Collect	blicity and training purposes, we take photographs of our members participating in SMS activities. ion and usage of images is detailed in our Data Protection Policy (updated September 2018). A copy document can be found at www.skymusichub.com.
Please	tick ONE:
	I agree to SMS using images as detailed in the SMS Data Protection Policy
	I DO NOT agree to SMS using images as detailed in the SMS Data Protection Policy
	note: If you refuse consent, we ask that your child make it known to their music service tutor that re not to be photographed or filmed. The onus will be on the parent / student to withdraw from the graph.
<u>Health</u>	and Safety
	formation that you provide will enable us to ensure the welfare of children and young people who olved in Music Centre activities.
•	our child arrives at the Music Centre, they will remain there for the full duration of the sessions, ng all breaks. They will not be permitted to leave the centre for any reason.
Please	tick:   I have read and agreed to the statement above.
Septem	ber 2022-23



## **Illness & Medical Conditions**

	I understand that if my child becomes unwell, I will be contacted by telephone and must arrange to collect them from Music Centre as soon as possible.															
Does your child have any medical condition that you think we should be aware of? $\Box$																
YES (p	lease give full details below) $\square$	NO														
		•••••	•••••	• • • • • • • • •	• • • • • • •	•••••	• • • • • • •	••••				 ••••	••••			
Does your child take any medications we should be aware of:																
	☐ YES (please give full details below) ☐ NO															
		•••••	•••••	• • • • • • • • •	• • • • • • •	•••••	• • • • • • •	••••				 ••••	••••			
Does	your child consider themselves to hav															
YES (p	lease give full details below) $\Box$	NO														
	ct Details															
All co	ntact details will be used in accordanc	ce with	SMS Da	ta Pro	oteci	tion	Poli	cy								
Conta	ct 1 Name:		Contac	t 2 Na	me:						•••••	 				
Relatio	Relationship to Child: Relationship to Child:															
Emergency Contact Tel 1: Emergency Contact Tel 1:																
Emerg	gency Contact Tel 1:	••••••	Emerg	ency	Cont	act 7	Tel 1	. <b>:</b>	•••••	••••	•••••	 ••••	••••	••••	•••••	••••
Conta	ct Email Address															
	write clearly in CAPITALS.															
Signed	l by Parent/Carer:				Do	ıte:										

If you no longer wish to receive information about Music Centre activities, and you wish to have your details removed from our database – please email us directly: <a href="mailto:music.service@sefton.gov.uk">music.service@sefton.gov.uk</a>