

Orchestra group (String/Wind/etc): _____

Bearsden and Milngavie Youth Orchestra

Session 2009-2010

To be completed by parent / guardian

Name of child: _____

Name of parent/guardian: _____

Address (including postcode please): _____

Home Tel. No: _____ Mobile No(s): _____

E-mail address (parent's e-mail address if child 16 or under): _____

Date of Birth of child: ___/___/19___

Instrument played at BMYO: _____

Present grade (if known or number of years playing this instrument): _____

Starting date at BMYO (if known or approx number of years): _____

IMPORTANT: Emergency Contact (NOT parent(s) / guardian):

Name: _____ Tel No: _____

Mobile no: _____

Subscription: £50 for the full year for 1st child & £30 for subsequent children

Medical:

I undertake to inform the Membership Secretary of the Orchestra of any medical conditions or allergies of my child which may affect his/her participation in the activities of the orchestra. I understand this information will be held in confidence and that it will be accessible to the adult in charge (if thought necessary) and the conductor of your child's group.

Signed: _____ Date: _____
(Please complete a separate medical form if there is information you would like us to hold)

Photography / Publicity:

I give consent for my child to be photographed for publicity purposes, e.g. for newspaper articles or for an arts fair. The photographs may be used to promote BMYO and be reproduced on the BMYO website in accordance with the BMYO child protection policy.

Signed: _____ Date: _____

From time to time, video recordings may be made of the orchestra's participation in concerts or other public appearances. These images may be used for publicity purposes and appear on the BMYO website. They may also feature in promotional material of affiliated organisations. I give my consent for my child's image to be recorded for such purposes.

Signed: _____ Date: _____

Gift Aid:

Please help BMYO further at no extra cost by making a Gift Aid declaration. Your subscription will increase in value because we can recover the basic rate income tax that you have paid on it. (You must pay an amount of income tax or capital gains tax equal to the tax that we reclaim.)

I would like the Bearsden and Milngavie Youth Orchestra to treat all donations that I make from the date of this declaration as Gift Aid donations..)

Signed: _____ Date: _____