



## Burbage Band Membership Form

<b>Section 1: Personal Details</b>			
<b>Full Name:</b>			
<b>Date of Birth:</b>			
<b>Address:</b>			
<b>Town:</b>			
<b>County:</b>			
<b>Postcode:</b>			
<b>Home Phone:</b>			
<b>Mobile No:</b>			
<b>Email:</b>			
<b>Are you currently registered in another band:</b>	YES		NO
<b>If YES provide the band name:</b>			

<b>Section 2: Equipment Provided</b>			
<b>Instrument Details</b>			
<b>Instrument Make/Model:</b>		<b>Serial No:</b>	
<b>Mutes:</b>		<b>Lyre:</b>	<b>Case:</b>
<b>Uniform Details</b>			
<b>Stage jacket:</b>		<b>Tie:</b>	<b>Fleece:</b>
I confirm that I have the above equipment and uniform in my possession and will notify the relevant band officer regarding any damage, losses or repairs needed.			
<b>Signed:</b>		<b>Date:</b>	

### Section 3: Photography

I hereby give consent for the band to take and use photos of myself / my child for marketing and promotion purposes, including publishing on the band website.

Signed:

Date:

### Section 4: Emergency Contact Details and Medical Information

Emergency Contacts

Please provide two people who we can contact in the case of an emergency

#### Contact 1

Name:

Relationship

Contact Tel No: (1)

Contact Tel No: (2)

Email Address:

#### Contact 2

Name:

Relationship

Contact Tel No: (1)

Contact Tel No: (2)

Email Address:

Medical Information:

Please give details of any special circumstances or additional needs that may affect you / your child whilst taking part in activities, listing any medications (Disability / Medical / Allergies etc.) If there is no information please write "None".

It may be essential at some time for authorised persons acting on behalf of the band to have necessary authority to obtain urgent treatment in the case of an accident, illness or incident.

Please sign below if you give your consent to emergency treatment being given by trained personnel to the named member on this form.

**For members under 18 years of age a parent / legal guardian must sign here.**

Signed:

Date:

Please remember to notify the Band Welfare Officer if there is any change in any medical condition

## Section 5: Parent / Legal Guardian details

Only fill this section in if the member is under 18 years of age.

<b>Name:</b>	
<b>Relationship to member</b>	
<b>Address:</b>	
<b>Town:</b>	
<b>County:</b>	
<b>Postcode:</b>	
<b>Home Phone:</b>	
<b>Mobile No:</b>	
<b>Email Address:</b>	

## Section 6: Data Protection

### Data

I hereby give consent to the band to collect, store and use my / my child's data for membership administration purposes in accordance with the band's privacy policy.

**Signed:**

**Date:**

### Medical

I hereby give consent to the band to collect, store and use information regarding my/my child's medical information.

**Signed:**

**Date:**

### Marketing and Promotions

I would like to be added to the band's external marketing mailing list (e.g. emails about forthcoming events).

**Signed:**

**Date:**

The information in this document is confidential and is subject to data protection legislation and the bands Privacy Policy. This information will not be shared with any third party.

This information will be stored securely (whether in print or electronically) and only be used and accessed by authorised band personnel in order to make contact with you for band related purposes.