Burbage Training Band Membership Form

Section 1: Personal Details of the Player	
Full Name:	
Date of Birth:	
Address:	
Town:	
County:	
Postcode:	
Home Phone:	
Mobile No:	
Email:	

Section 2: Equipment Provided			
Instrument Details			
Instrument Make/Model:		**Serial No:**	
I confirm that I have the above equipment in my possession and will notify the relevant band officer regarding any damage, losses or repairs needed.			
Signed:		**Date:**	

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: 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:**	

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. Consent can be withdrawn upon request.

Section 6: Policies and Procedures

Membership Guide (https://www.burbageband.co.uk/band-policies/)

I hereby confirm I / my child have read and will adhere to the band's membership guide.

Signed:		**Date:**	

Code of Conduct (https://www.burbageband.co.uk/band-policies/)

I hereby confirm I /my child have read and will adhere to the band's code of conduct.

Signed:		**Date:**	

Safeguarding and Child Protection Policies – Parent (https://www.burbageband.co.uk/band-policies/)

I hereby confirm I /my child have read and will adhere to the bands safeguarding and child protection policies.

Signed:		**Date:**	

Section 7: Parent / Legal Guardian details

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

Name:	
Relationship to member	
Address:	
Town:	
County:	
Postcode:	
Home Phone:	
Mobile No:	
Email Address:	