**Personal Details (Band Member)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | **Phone No.:** | Home:  Mobile: |
| **Date of Birth:** | / / | **Email Address:** |  |
| **Address:**  *Post Code* |  | **Instrument(s) Played:** |  |
| **Are you currently registered with another Band? If YES, please state the Band’s name:** | |  | |

*ALL Members must tick*

*this column as a Minimum.*

**Permissions: Sharing of Contact Details**

*please Tick*

*ALL Relevant Boxes*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **OK to Share with ALL Band Members / Carers** | **OK to Share with the whole Committee** | **OK to Share with the Core Committee\* ONLY** |
| **Phone Number** |  |  | **✓** |
| **Email Address** |  |  | **✓** |

*\* the Core Committee is the Musical Director, GDPR Administrator, Welfare Officer, New Members Rep, and Events Coordinator.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Permissions: WhatsApp** | **I am happy to be in the LA Brass WhatsApp Group** | | | |
| Adult: |  | Youth ≥16yrs: |  |

**Permissions: Photography / Video** *for potential use on Social Media, Publicity, Concert Programmes etc*

|  |  |  |  |
| --- | --- | --- | --- |
| *please Tick*  *ALL Relevant Boxes* | **I permit myself / my Child to be Videoed & Named in any Photos** | **I permit myself / my Child to be Videoed & Photographed, but NOT named** | **Myself / My Child should NOT be included in any Videos or Photos** |
| **Publicity Permission** |  |  |  |

**Consents: Data Protection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I consent to my contact details to be shared, and my image on photos / videos to be taken & used as stated above. I understand that should I wish to change my preferences at any time I should inform the GDPR Administrator in writing and this will be actioned. I also confirm that I have read, understood and accept LA Brass’ Privacy Policy. | | | | |
| **Signed:** |  |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I hereby give consent to the Band to collect, store and use my / my child’s data for membership administration purposes, and medical information for Member’s safety, in accordance with the Band’s Privacy Policy. | | | | |
| **Signed:** |  |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Emergency Contact Details** \* | **Contact No.1** | **Contact No.2** |
| **Name of Emergency Contact:** |  |  |
| **Relationship to Band Member:** |  |  |
| **Telephone Number(s):** | Home:  Mobile: | Home:  Mobile: |
| **Email Address:** |  |  |

*\* To be completed for ALL Band Members, not just for the Youth Members.*

**Medical** *use Page 3 continuation sheet if required.*

|  |  |
| --- | --- |
| **Please state any medical conditions and whether you / your child carries any medication with them:** |  |
| **Please state any allergies:**  *If none, please write none.*  *If none, please write none.* |  |
| **Please state any special circumstances or additional needs (disability) that might affect you / your child whilst taking part in activities**  *If none, please write none.* |  |

**Please remember to notify the Welfare Officer if there is a change in any medical condition / medicines.**

**Consents: Medical**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 yourself / your child(ren).  **For members under 16 years of age, a parent / legal guardian must sign here.** | | | | |
| **Signed:** |  |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I will provide suncream for my child to put on at outdoor concerts if necessary, and give consent for my Child to be reminded to apply their suncream as required. | | | | |
| **Signed:** |  |  | **Date:** |  |

**Regarding LA Brass Children ONLY - Pick up / drop off Arrangements**

*State the usual Adults. If different one week, pleased tell Roger.*

|  |  |  |
| --- | --- | --- |
|  | **Adult No.1** | **Adult No.2** |
| **Name of Adult(s) usually dropping off / collecting Child:** |  |  |
| **Relationship to Child:** |  |  |
| **Emergency Contact Telephone Number:** |  |  |

***Carers****: please ensure that you let Roger or one of the Committee know when your child has arrived and when they are leaving.*

**Band Equipment / Uniform**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BAND Provided: Equipment** | | | | | |  | **BAND Provided: Uniform** | |
| **Instrument:** | |  | | | |  | **Red Bow Tie:** |  |
| **Make:** | |  | | | |  | **Red Polo Shirt:** |  |
| **Serial No.** | |  | | | |  | **Swap Box:** | Black Shirt: |
| **Other:** *use Page 3* | Y / N | **Mute:** | Y / N | **Lyre:** | Y / N |  |  | Black Trousers: |

**Confirmation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I confirm that I have the above Band equipment and uniform in my possession and will notify the relevant Band Officer \* regarding any damage, losses or repairs, or changes needed. | | | | |
| **Signed:** |  |  | **Date:** |  |

*\* notify MD or Events Coordinator re Equipment; notify Uniform Coordinator re Uniform.*

**Additional Information / Continuation**

*use this section for either a Continuation of information from Pages 1 or 2 if required;*

*OR use to provide additional information of the which the Core Committee should be made aware not covered above.*

|  |
| --- |
|  |