

SOLIHULL MUSIC SERVICE

Ensemble Registration & Consent Form

Please complete all boxes clearly

Applicant's name	<input type="text"/>	* Male	<input type="checkbox"/>
		* Female	<input type="checkbox"/>
		* Please indicate	
Ensembles	<input type="text"/>	D.O.B	<input type="text" value="/ /"/>
School Attended	<input type="text"/>		
Instruments	<input type="text"/>	Grade attained	<input type="text"/>

Please tick box if you have lessons from SMS at music centres (i.e. not provided through your school)

Home address	<input type="text"/>
	Postcode: <input type="text"/>
e-mail address	<input type="text"/>

Additional information which may be of use e.g. medical conditions

Please tick the box if you do **NOT** wish your child to appear in any publicity material photos, DVDs etc. that may be used for promotional purposes.

Please tick the box if your child is in receipt of free school meals, and is therefore eligible for the full remission of fees. Please note that a Free Lesson Application Form must be completed and corroborative checks will be made.

1. I have read and understood the information detailed in the Borough Ensembles Guide and accept the conditions of membership.
2. Subject to receiving further information, I agree to my child taking part in concerts and events organised by Solihull Music Service throughout their membership of the ensembles.
3. I agree to pay the appropriate termly registration fee - set annually by Solihull Music Service - on receipt of an invoice from Solihull MBC. *

<u>Invoice Details</u>	
Name and address of person to be invoiced (please print clearly)	
Title _____	First Name _____ Surname _____
Billing address if different from home address above	<input type="text"/>
	<input type="text"/>
	Postcode: <input type="text"/>

<u>Emergency Contact Details</u>	
Contact nos. for notification of cancellation of sessions or emergencies	
Preferred contact	<input type="text" value="☎"/> Name: <input type="text"/>
Alternative contact	<input type="text" value="☎"/> Name: <input type="text"/>
Home telephone	<input type="text" value="☎"/> <input type="text"/>

Signed (Parent/Guardian) _____ Date _____

Please note due to Health & Safety Regulations the applicant will not be able to continue to attend the ensemble until this consent form is completed and returned to the Administration Office.

* Please **do not** send any money with this form

Scanned	<input type="checkbox"/>	Dbase	<input type="checkbox"/>	LM No.	<input type="text"/>	Party No.	<input type="text"/>
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