

MEMBERSHIP OF SEFTON MUSIC CENTRE - SEPTEMBER 2024 TO JUNE 2025 THIS CONSENT FORM SHOULD BE COMPLETED AND RETURNED TO THE MUSIC CENTRE

Pupil Name:	School: Pupil Age: School:
* Members of Sefton Music Centre sho	uld be in Year 4 or above
Instrument:	Approximate Grade (if known):
	Noodwind/ Wind Band/Sefton Winds/Junior Strings/Intermediate unior Brass/Intermediate Brass/Sefton Brass/Jazz Orchestra
Rehearsals and Concert Performances	<u>5</u>
and other events each term at various	member of Sefton Music Centre, your child will take part in concerts venues. Details of each event will be sent to you in a letter and/or the statement below to give your consent for your child to take part
☐ I give consent for my child to t	ake part in rehearsals and concerts.
Transport Arrangements	
☐ I take sole responsibility for tra	ansporting my child to and from rehearsals and concerts.
Use of Images by Sefton Music Service	e (SMS)
	e take photographs of our members participating in SMS activities. iled in our Data Protection Policy (updated September 2018). A copw.skymusichub.com.
Please tick ONE:	
☐ I agree to SMS using images as	s detailed in the SMS Data Protection Policy
☐ I DO NOT agree to SMS using i	mages as detailed in the SMS Data Protection Policy
	ask that your child make it known to their music service tutor that med. The onus will be on the parent / student to withdraw from the
Health and Safety	
The information that you provide will are involved in Music Centre activities	enable us to ensure the welfare of children and young people who
-	entre, they will remain there for the full duration of the sessions, permitted to leave the centre for any reason.

Please tick: \Box I have read and agreed to the statement above.



Illness & Medical Conditions I understand that if my child becomes unwell, I will be contacted by telephone and must arrange to collect them from Music Centre as soon as possible. Does your child have any medical condition that you think we should be aware of? YES (please give full details below) NO Does your child take any medications we should be aware of: YES (please give full details below) NO Does your child consider themselves to have a disability that you think we should be aware of? YES (please give full details below) NO *PLEASE INFORM US OF ANY CHANGES TO MEDICAL CONDITIONS ABOVE. **Contact Details** All contact details will be used in accordance with SMS Data Protection Policy Contact 1 Name: Contact 2 Name: Relationship to Child: Relationship to Child: Emergency Contact Tel 1: Emergency Contact Tel 1: **Contact Email Address** Please write clearly. Signed by Parent/Carer: Date:

If you no longer wish to receive information about Music Centre activities, and you wish to have your details removed from our database, please email us directly: music.service@sefton.gov.uk