

Chalfont Wind Band – Application Form – Children and young people

Name of player		
Date of birth	_ _ / _ _ / _ _	
Main instrument (and standard)		
Other instruments (and standard)		
Which Band(s) do you wish to join? (Please tick)	Academy Band (any standard) <input type="checkbox"/>	Concert Band (Grade 5 standard and above) <input type="checkbox"/>
Parent or guardian:	Name	
	Mobile phone number <i>(this will be used for our WhatsApp groups)</i>	
	Email <i>(this will be used for Muzodo and Band emails)</i>	
Where did you hear about the Band?		
Does the player have any health issues or other vulnerabilities of which the Band committee should be aware? (e.g. allergies)		

Permission form

	Yes	No
I agree to the use of personal data as stated in the joining information (data protection)	<input type="checkbox"/>	<input type="checkbox"/>
I agree to photos/videos being taken and used as described in the joining information	<input type="checkbox"/>	<input type="checkbox"/>
I agree to information about any medical condition being disclosed to a first aider in the event of illness during a rehearsal or band event	<input type="checkbox"/>	<input type="checkbox"/>
I agree to the committee being made aware of any other vulnerabilities	<input type="checkbox"/>	<input type="checkbox"/>

Signature of parent or guardian: Date:

Please return this form to the membership secretary, together with a form of ID (e.g. drivers' licence/passport) for the parent or guardian

ID seen by membership secretary Date _____ Signed _____