

**STUDENT DETAILS**

Forename	Surname
Instrument	Date of Birth
<input type="checkbox"/> Saturday Strings <input type="checkbox"/> Concert Orchestra <input type="checkbox"/> Symphony Orchestra	<input type="checkbox"/> Training Band <input type="checkbox"/> Senior Band <input type="checkbox"/> Symphonic Winds
Pre-existing Medical Conditions	
School	

**SECOND STUDENT DETAILS (IF APPLICABLE)**

Forename	Surname
Instrument	Date of Birth
<input type="checkbox"/> Saturday Strings <input type="checkbox"/> Concert Orchestra <input type="checkbox"/> Symphony Orchestra	<input type="checkbox"/> Training Band <input type="checkbox"/> Senior Band <input type="checkbox"/> Symphonic Winds
Pre-existing Medical Conditions	
School	

**PARENT / CARER DETAILS**

Surname	Forename
Phone	Mobile
Email	
Address	

RECEIVED (CASH ONLY): The sum of £ \_\_\_\_ on behalf of \_\_\_\_\_

Signed for BYMT \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## PARENT / CARER – STUDENT AGREEMENT

We are aware that students must attend rehearsals regularly and must inform their conductor of any proposed absence. If a student is ill then a message must be relayed to the relevant centre promptly.

Students must be receiving regular lessons on their instrument throughout the year from an appropriate teacher.

Students must attend rehearsals on the day of the concert other than in exceptional circumstances which can only be with the prior agreement of the BYMT Principal and their conductor. If the student has any music for the rehearsal/concert then this must be passed to the conductor on the day of the concert.

I have read the above and agree to these terms and conditions.

Parent/Carer's Name \_\_\_\_\_

Parent/Carer's Signature \_\_\_\_\_

## PUBLICITY OPT-OUT

BYMT may take photographs of students participating in rehearsals and concerts for publication in its newsletter, on its website and in displays at the Southborough Centre. Photographs will only be taken for the above purposes. If you **DO NOT WANT** photographs taken of your child, please sign below and **MAKE SURE YOUR CHILD IS AWARE OF YOUR DECISION.**

Parent/Carer's Signature \_\_\_\_\_

BYMT recommends that all musical instruments brought to Saturday Music Centres are fully insured as we accept no liability for any damage.

## PAYMENT

Please make cheques payable to **BYMT** & write the name(s) of the student(s) on the reverse. Alternatively contact BYMT during office hours to make a card payment.

### REGISTRATION DESK USE ONLY

Received:  Cheque  Cash  No payment received

Amount:  £112  £224  £336

Date \_\_ / \_\_ / \_\_\_\_ Signed \_\_\_\_\_

*Data Protection Act* The information provided on this form may be held on computer. It will be disclosed only to BYMT staff for mailing and membership lists for administration of Saturday Centre activities. If you have any objection to this storage and limited disclosure of data, please advise us.

**Bromley Youth Music Trust, Southborough Lane, Bromley, BR2 8AA**

**TEL: 0208 467 1566**

**www.bymt.co.uk**



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