

Swindon Symphony Orchestra

Contact Details and Parental Consent form for Members under the age of 18 This form to be completed by the parent/guardian

Details of Member (under age of 18)

Name:	
Home Address:	
Date of Birth:	

Parent/Guardian Details

Name:	
Home Address:	
Contact Number:	
E-Mail:	

Emergency Contact Details

Name	Contact Number	Relationship to Child

Does your child have a Disability, Medical Condition or Allergy that Swindon Symphony Orchestra should know about? Yes / No

If Yes, please give details:

Declaration

- I agree to my child attending rehearsals of the Swindon Symphony Orchestra
- I agree to my child being photographed/filmed with the possibility that these photographs may be used on the Swindon Symphony Orchestra website, Concert programmes and Orchestra marketing purposes only
- In the event of an emergency, I consent to any medical treatment that my child may require prior to my arrival
- I will notify the Swindon Symphony Orchestra of any changes to the above given details

Signature:

Print Name:

Date: