



Music Centre Ensemble Registration Form

- Please complete in CAPITALS in blue or black ink
- There are two pages to this document. Please complete both pages and sign the form.
- Please note that one form needs to be completed for each individual family member

When complete, the form should be signed then returned to Lizzie Sale, Music Administrator or a Music Centre Staff Member. It is essential that:

- contact information on this form is up-to-date and correct
- the email address supplied is active and regularly checked

Music Centre Activity/Activities Attending (Please tick all that apply)	Tuesday Music Centre: <u>String Ensembles:</u> BEST <input type="checkbox"/> Apollo <input type="checkbox"/> Phoenix Strings <input type="checkbox"/> Senior Strings <input type="checkbox"/> <u>Wind Ensembles:</u> FAB <input type="checkbox"/> Junior Wind Band <input type="checkbox"/> Intermediate Wind Band <input type="checkbox"/> Senior Wind Band <input type="checkbox"/> <u>Jazz Ensembles:</u> Jazz@6 Big Band <input type="checkbox"/> Jazz Improvisation Group <input type="checkbox"/> Jazz Combo <input type="checkbox"/> <u>Other Ensembles:</u> Percussion Ensemble <input type="checkbox"/> Wednesday Music Centre: Rock Stars Walsall Rock Choir <input type="checkbox"/> Rock and Pop <input type="checkbox"/> Name of band: Thursday Music Centre: WBO <input type="checkbox"/> String Quartet <input type="checkbox"/>		
First Name		Last Name	
Date of Birth			
Address			
Parent/Carer's Contact/Mobile No. (if 19yrs/Yr 14 or over, enter own number)			
Parent/Carer's Email (if 19yrs/Yr 14 or over, enter own email)			
Emergency Contact Details	Name of Contact _____ Relationship _____ Telephone No. (if different from above) _____		
School or Educational Establishment (if applicable)		National Curriculum Year (if applicable)	
Instrument/s			

Does your child, or you, if 19 years/Yr14 or over, have specific medical, educational needs or other disabilities?

Please tick the box that applies:

Yes No

If yes, please give details:

How would you describe your child's ethnic origin, or yours if you are 19 years/Yr14 or over? (Please tick):

Asian or Asian British

- Bangladeshi
 Indian
 Pakistani
 Other Asian Background
Please specify_____

Dual Heritage

- White & Asian
 White & Black African
 White & Black Caribbean
 Other Dual background
Please specify_____

White

- British
 Irish
 Other White background
Please specify_____

Black or Black British

- African
 Caribbean
 Other Black background
Please specify_____

Chinese

- Chinese
 Other Chinese background
Please specify_____

Other

- Gypsy
 Traveller
 Other Ethnic Group
Please specify_____

Prefer not to say

By signing this form you and the Music Centre member understand that:

- Ensembles must be attended regularly
 Mobile phone use during rehearsals is not allowed, unless requested by the ensemble director
 All equipment needed for Music Centre will be brought to rehearsals/concerts e.g. instrument and music

Signed_____

Date_____

Privacy Policy: WMES respects your right to privacy. Any personal details received via this form will only be used lawfully by WMES. WMES does not sell or otherwise give away your private information to third parties. You can find out more information on our website www.walmused.co.uk/about/policies