

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

When complete, the form should be returned to Lizzie Sale (WMES Admin) or the ensemble leader within 2 weeks of issue

<b>Member's First Name:</b>		<b>Member's Last Name:</b>	
<b>Member's Date of Birth:</b>			
<b>Address:</b>			
<b>Music Centre Activity/s</b> (Please tick <b>all</b> that apply)	<p><b><u>Tuesday Music Centre:</u></b></p> <p>BEST <input type="checkbox"/> Apollo <input type="checkbox"/> Phoenix Strings <input type="checkbox"/> Senior Strings <input type="checkbox"/></p> <p>FAB <input type="checkbox"/> Junior Wind Band <input type="checkbox"/> Intermediate Wind Band <input type="checkbox"/> Senior Wind Band <input type="checkbox"/></p> <p>Jazz@6 Big Band <input type="checkbox"/> Jazz Improvisation Group <input type="checkbox"/> Jazz Combo <input type="checkbox"/></p> <p>Percussion Ensemble <input type="checkbox"/></p> <p><b><u>Wednesday Music Centre:</u></b></p> <p>Rock Stars Walsall Rock Choir <input type="checkbox"/></p> <p>Rock and Pop <input type="checkbox"/> Name of Band: .....</p> <p><b><u>Thursday Music Centre:</u></b></p> <p>WBO <input type="checkbox"/> String Quartet <input type="checkbox"/></p>		
<b>Parent/Carer's Mobile/Contact No:</b>	(if 19yrs/Y14 or over, enter own contact number)		
<b>Parent/Carer's email:</b>	(if 19yrs/Y14 or over, enter own email)		
<b>Emergency Contact Details:</b>	<p>Name of Emergency Contact: _____</p> <p>Relationship to Music Centre member: _____</p> <p>Mobile/Contact No. (if different from above): _____</p>		
<b>Name of School/Educational Establishment:</b>		<b>National Curriculum Year (Y1 – Y13):</b>	
<b>Instrument/s:</b>			

**Does your child, or you, if 19 years/Y14 or over, have specific medical, educational needs or other disabilities?**

**Please tick the box that applies:**

Yes ☐ No ☐

**If yes, please give details:**

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**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 \_\_\_\_\_

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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](http://www.walmused.co.uk/about/policies)