

# Shrewsbury Light Orchestra

## Contact Details and Parental Consent Form for Members under the age of 18

To be completed by parent or guardian of child/young person

### Details of Child/Young Person

Name:	
Home address:	
Date of birth:	

### Details of Parent or Guardian

Name:	
Home address:	
Phone number:	
E-mail:	

### Emergency Contact Details

Name	Number	Relationship to child/young person

### Other Details

Does your child have a disability or medical condition that The Shrewsbury Light Orchestra should know about?

Yes / No

If yes, please provide details:

### Declaration

- I agree to my child attending rehearsals of the Shrewsbury Light Orchestra
- I agree to my child being filmed or photographed with the possibility that these photographs may be used for publications (including on our website) or marketing publicity.
- In the event of an emergency, I consent for any medical treatment that my child may need prior to my arrival.
- I will notify the Shrewsbury Light Orchestra of any changes to the details I have given above.

Signature:

Print name:

Date: