

Orpheus Young Singers - Consent form



Registered Charity 260887

Day/Date of activity and venue:

Wednesdays during term time, 5:30pm to 6:30pm, at Balfour Primary School, BN1 6NE

Organisation:

Orpheus Young Singers (run by Brighton Orpheus Choir)

Type of activity:

Children's Choir

1. Must be completed by parent or guardian of child/young person

Name of Child:	Date of Birth:
Address:	
Telephone number * :	
Postcode:	Email * :
Mobile number * :	
School:	Year:

* Optional - at parent / guardian discretion

2. Parent or guardian's details

Name (Parent 1):	
Address:	
Telephone number:	
Postcode:	Email:
Mobile number:	
Name (Parent 2):	
Address:	
Telephone number:	
Postcode:	Email:
Mobile number:	

3. Emergency contact details

Name:	
Address:	
Telephone number :	
Postcode:	Email :
Connection to child:	

4. Medical details

Child's GP:	
Address:	
Telephone number :	
Postcode:	Email :

5. Does your child have a disability that Orpheus Young Singers should know about?

Yes No

If yes, please provide details of the disability including any help which your child may need.

6. Does your child suffer from any medical conditions?

Yes No

If yes, please provide details of the medical condition including any help which your child may need.

7. Does your child need any medication?

Yes No

If yes, please provide details of the medication.

8. Does your child suffer from any allergies?

Yes No

If yes, please provide details of the type of allergy and the medication used to control the allergy.

9. Is there any other relevant information (eg dietary needs, child's fears, needs related to your child's age, development or circumstances) about your child which you as the parent/guardian would like to share?

Declaration

I agree to my child taking part in the Orpheus Young Singers.

I agree to my child's name being kept on database for tracking and contact purposes.

I agree to my child being filmed or photographed with the possibility that these photographs/media recordings may be used for publications or marketing publicity.

In the event of an emergency, I consent for any medical treatment that my child may need prior to my arrival.

Signature

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Print name

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Date

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Payment of £10 (per term) should be brought in cash or cheque to your 2nd rehearsal in a named envelope. Cheques made payable to *Brighton Orpheus Choir* with the child's name on the back.

Information for parents and guardians

The activity with Orpheus Young Singers (run by Brighton Orpheus Choir) aims to provide a safe and enjoyable experience for every child or young person.

To help Brighton Orpheus Choir in providing a quality service please note the following important information.

- All questions on the medical/diet/needs form must be completed and signed by the parent/guardian before any child takes part.
- Parents/guardians must ensure that any changes to the information given on the form are notified to the Music Director.
- Parents/guardians must ensure that they make their own arrangements for children going to and leaving the session. Please note that Brighton Orpheus Choir is not responsible for children outside their session times; they should therefore arrive and depart at the appropriate times.
- Brighton Orpheus Choir cannot take responsibility for any damaged clothing and/or personal items during the activity.
- Please ensure your child has sufficient water, food, clothing, sun screen and medication (where appropriate) for the duration of their activity session.
- All policies and procedures may be viewed on the website: www.brightonorpheus.org

Emergency Contact Details:

Tel 07783 909 629

Tel 07890 217283

Tel 07539 220185

E-mail: musicaldirector@brightonorpheus.org

Website: www.brightonorpheus.org

Please email pages 1 and 2 of this completed consent form to musicaldirector@brightonorpheus.org

or hand in before the start of your child's first rehearsal.