

Herefordshire & Worcestershire

MALVERN RESIDENTIAL MUSIC COURSE

Supported by Hereford Cathedral School

9.30am Tuesday 7 to Thursday 9 April 2020

At

Malvern St James' School, Avenue Road, Great Malvern

REGISTRATION AND CONSENT FORM

Receipt of this form, duly completed and signed by parent(s) *and* student, is a condition of attendance. A separate form is required for each student.

Name of Student:

Please complete, sign and return the form along with a cheque for £205.00 **ASAP**
or at the very latest by Wednesday 15th JANUARY 2020 to:

Courses Administrator
The Music School
Hereford Cathedral School
Cathedral Close
Hereford HR1 2NG

Cheques payable to 'Outreach Music'
BACS, Sort Code 308055 A/C 65587160

Personal Details

Surname: First (known) name:

Date of Birth:..... Gender:.....

Instrument Standard

School Year (must be Year 4 or older):..... Age at start of course (minimum aged 8):years.....months

Address:.....
.....

E-mail address (**PLEASE PRINT CLEARLY**):

Name & Contact telephone numbers – home (or during course):

Work (Father): (Mother):

Additional name(s) and number(s) to contact in case of emergency:

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.....

Current School:

Instrumental teacher: Name:

Wider Opportunities The 2020 Course will also cater for children who are beginners on their instrument. A variety of activities will be available for wider opportunities throughout the course. If your son/daughter has a particular interest, please let us know.

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Medical Information

- | | |
|--|--------|
| (a) Has the student suffered from any recent illness or received hospital treatment? | YES/NO |
| (b) Does the student suffer from enuresis (bed-wetting)? | YES/NO |
| (c) Does the student suffer from any allergies (to food, medication, etc.)? | YES/NO |
| (d) Does the student suffer from any condition requiring treatment or medication? | YES/NO |

If you have answered YES to any of the above, please give details in the space below, *including any medication needed and dosage prescribed*:

Any confidential information for the Course Nurse only should be returned in a sealed envelope marked "FAO Course Nurse".

- | | |
|---|--------|
| (e) Has the student received a tetanus injection within the last ten years? | YES/NO |
|---|--------|

Name and address of General Practitioner

.....
..... **G.P.'s telephone number:**

Should any of this information change before the Course, it is the responsibility of the Parent/Guardian to inform the Course Nurse in writing.

Additional Information

- (a) Do you agree to your son/daughter taking part in any sporting activities, including swimming? **YES/NO**

(b) Any special dietary requirements (eg. vegetarian)?

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(c) If it is possible to do so, is there anyone with whom your son/daughter would like to share a room?

(Please note that this may not be possible in all cases and it is good to make new friends)

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(d) Is there any other information concerning your son/daughter's safety or well-being of which we should be aware?

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.....

Departure after the course:

(a) Will you be collecting your son/daughter after the concert?

YES/NO

OR (b) Any other arrangement (*which must be agreed in advance*):

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Payment

☐ I wish to join the 'Malvern' course and enclose my non-refundable fee of **£205.00**. **Please make cheques payable to 'Outreach Music'**, if you require a receipt please send an SAE. Or BACS payment please see above for details

Please note that Childcare Vouchers will be accepted for children up to the age of 15. Please contact the School's accountant, for more information: 01432 363541.

Please note that the fee will only be refunded if the course does not take place. If you are offered a place and choose not to accept it the fee cannot be refunded.

Declaration

I understand that all students are expected to behave in a responsible manner during the course and to follow the instructions of course staff. Unsatisfactory behaviour may result in the student being sent home at short notice.

I understand that possession or use of any form of alcohol, tobacco or drugs will result in the student being sent home immediately.

I understand that neither the host school, Hereford Cathedral School, Encore nor any of the course staff may be held responsible for loss or damage to instruments or personal possessions. **Insurance of all personal property, including instruments is parents' responsibility.**

I undertake to reimburse any reasonable expenses incurred on behalf of the student as a result of any illness or injury, or any breakages caused by the student.

I understand that I remain responsible for my son/daughter until arrival at the host school and following the end of the concert.

I consent to my son/daughter travelling under adult supervision in a car or minibus driven by course staff and fitted with seat-belts, or on public transport.

In the event of illness or an accident requiring emergency treatment by the hospital or doctor, if I cannot be contacted on (one of) the telephone number(s) given, I authorise one of the staff to sign on my behalf any written form of consent required by the hospital or doctor, although I then expect to be contacted as soon as possible afterwards.

I agree to my son/daughter being given the following basic medication if considered necessary by the Nurse: pain relief, Paracetamol, Topal (antacid), Strepsil and simple linctus.

I agree to photographs/video taken during the course and in which my child may appear being used for publicity purposes. I understand that children's names will not be included in any publicity without parental permission.

I will inform the Administrator immediately if any information contained in this form should change before the start of the course.

Signature of parent or guardian **Print Name:**

Signature of student: **Date:**