

Hereford Cathedral School supported by Encore and  
The Herefordshire Music Hub

## HEREFORD SUMMER MUSIC COURSE

9.30 am Monday 22nd to 6.00 pm Thursday 25th August 2016

### 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 **ASAP**  
**or at the very latest by Friday 17th June to:**

Mrs Dorothy Platford  
Music Courses Administrator  
The Music School  
Hereford Cathedral School  
The Close  
Hereford HR1 2NG

Email [dkp1819@gmail.com](mailto:dkp1819@gmail.com)

**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:** .....

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

**Work (Father):** ..... **(Mother):** .....

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

**Current School:** .....

**Instrumental teacher: Name:** .....

## Medical Information

Please note there will be no nurse in attendance, however if you have any concerns about your child's medical needs throughout the course, please contact Dorothy Platford.

- (a) Has the student suffered from any recent illness or received hospital treatment? **YES/NO**
- (b) Does the student suffer from any allergies (to food, medication, etc)? **YES/NO**
- (c) 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:**

- (d) 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 Director in writing*

## Additional Information

(a) Children who have been in year 6 or below during 2015/16 should be escorted to and from the course and signed in and out by an adult. Children who are year 7 and above will be allowed to travel alone and register themselves unless the parent says otherwise. ....

(b) Do you agree to your son/daughter taking part in any sporting activities? **YES/NO**

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

**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*): .....

## Payment

I wish to join the 'Hereford' course and enclose my non-refundable fee of **£115.00**. **Please make cheques payable to 'Outreach Music'**, if you require a receipt please send an SAE. 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 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 Music School and following the end of each day.

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 in 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 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:** .....