



Uppermill Band



MEMBERSHIP FORM

The information in this document is confidential and is subject to the band's Privacy Policy and data protection legislation. Any information will not be shared with any third party. This information will be stored securely (whether in print or electronically) and only used and accessed by authorised band personnel in order to make contact with you for band related business. Band members have the right to withdraw or amend any information provided below, and can do so by contacting the Band Secretary in writing.

Section 1: Personal Details *Required fields

Full Name*: _____ Date of Birth: / /

Address: _____

Postcode: _____

Home Phone: _____ Mobile No*: _____

Email*: _____

Are you currently a registered member of another band*: _____

If Yes, please provide the band name*: _____

Section 2: Emergency Contact Details and Medical Information - OPTIONAL

Emergency Contacts:

Please provide details of a person we can contact in the case of an emergency:

Name: _____ Relationship: _____

Phone: _____

Medical Information:

Please give details of any special circumstances or additional needs that might affect you/your child whilst taking part in activities, listing any relevant medications (Disability/Medical/Allergies etc.) If there is no information, please write 'None'



Section 2 (cont): Emergency Contact Details and Medical Information -
OPTIONAL

It may be essential at some time for authorised persons acting on behalf of the band to have necessary authority to obtain urgent treatment in the case of an accident, illness or incident.

Please sign below if you give your consent to emergency treatment being given, by trained personnel, to the named member on this form.

For members under 16 years of age a parent/legal guardian MUST sign here.

Print Name: _____ Signature: _____

Please remember to **notify the Band Secretary** if there is any change in any medical condition.

Section 3: Photography

I hereby give consent for the Band to take and use photos of myself/my child for marketing and promotion purposes, including publishing on the band website and social media.

Print Name: _____ Signature: _____

Section 4: Data Protection

Data

I hereby give consent to the band to collect, store and use my/my child's data for membership administration purposes, in accordance with the band's privacy policy.

Signed: _____ **Date:** _____

Medical

I hereby give consent to the band to collect, store and use information regarding my/my child's medical information.

Signed: _____ **Date:** _____



Section 5: Equipment Provided

(page to be stored separately from sections 1- 4)

Band Member Name: _____

INSTRUMENT: _____

Make/ Model: _____ **Serial No:** _____

Mouthpiece: Yes / No **Music Lyre:** Yes / No **Strap** Yes / No

Mute Types:	SL Straight	<input type="checkbox"/>	Wick Metal Cup	<input type="checkbox"/>	Number: _____
	SL Cup	<input type="checkbox"/>	M. Mclean Prac	<input type="checkbox"/>	
	M. Mclean Cup	<input type="checkbox"/>	P.Gane Straight	<input type="checkbox"/>	
	Wick Metal Straight	<input type="checkbox"/>	T.Crown Metal	<input type="checkbox"/>	

Note: If you use your own Instrument for Band purposes, please fill in the details above stating below that it is your own instrument. This will enable the instrument to be included on the Band's insurance register.

Own Instrument

UNIFORM

CONCERT: **Jacket:** Yes / No **Bow Tie:** Yes / No **Uniform Cover:** Yes / No

WALKING OUT: **Blazer:** Yes / No **Straight Tie:** Yes / No **Weatherproof Jacket:** Yes / No

I agree to take all reasonable care to keep and return on request the above equipment/uniform in good order and that, in the event of loss or damage, I will cover the cost of replacement.

Signed: _____ **Date:** _____

Equipment Returned

Signed: _____ **Date:** _____

Uniform Returned

Signed: _____ **Date:** _____

