



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'

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: Conduct Declaration Form

Have you ever been known to any children's services department or police as being a risk or potential risk to children?

Yes No

If yes, please provide further information:

Have you ever been dismissed for misconduct from any paid or voluntary position previously held by you?

Yes No

If yes, please provide further information:

I agree to inform the organisation within 24 hours if I am subsequently investigated by any agency or organisation in relation to concerns about my behaviour towards children or young people.

Yes

I agree to the Safeguarding Officer, as part of Uppermill Bands recruitment process, carrying out a Google and social media search on me.

Yes

By signing below, I confirm that the information I have provided on this form is accurate. I understand that this information will not necessarily prevent me from being appointed in my band role, and that I will be given an opportunity to discuss any concerns you might have before you make a final decision on my suitability.

Signed: _____ Date: _____

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Last reviewed January 2026



Section 6: Equipment Provided



(page to be store separately from sections 1-5)

Band Member Name: _____

INSTRUMENT: _____

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

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

Mute Types: SL Straight SL Cup M. Mclean Cup Wick Metal Straight Wick Metal Cup M. Mclean Prac P. Gane Straight T. Crown Metal Number: _____

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:** _____