

In order to comply with legislation concerning child safeguarding, FolkActive CIC need to keep a record of all participants in the FolkActive Youth Ensemble. Please complete this enrolment form and return it to FolkActive CIC, 37 Northbrook Road, Southampton SO14 0BW.

**Children must be enrolled in order to take part in rehearsals, workshops and performances.**

Please let us know immediately if any of the information changes after submitting this form (e.g. change of address/contact details) so that we may update our records.

### PRIVACY NOTICE

FolkActive CIC is collecting this information in order to perform this service or function, and if further information is needed in order to do so, you may be contacted using the details provided. In performing this service, we may be required to share your information with other organisations, but it will only do so when it is necessary in order for the service to be provided.

FolkActive CIC may also share personal information for the purposes of the prevention, investigation, detection, or prosecution of criminal offences, but will not share personal information, or use it for this, or any other purpose, unless provided for by law. The information provided will be held on file and may also be stored electronically.

More detailed information about the handling of your personal data can be found in our privacy policy, available on request.

### PERSONAL DETAILS

First name of participant ..... Surname .....

Date of birth ..... Age ..... Tick if aged 18 or over  male / female

Address .....

..... Postcode .....

### Next of Kin Details:

Name ..... Mr/Mrs/Ms/Dr/Other .....

Email address (please print clearly) .....

Telephone Home ..... Mobile .....

### INSTRUMENT AND SCHOOL INFORMATION

Name of school/college attending .....

Do you have music lessons at your school? YES  NO

Instrument & Grade ..... Instrumental/Vocal Teacher .....

### PERFORMANCE CONSENT

I confirm that I have parental responsibility for .....  
He/she is in good health and I consent to him/her taking part in rehearsals/concerts/visits as part of the above group/ensemble. I acknowledge these activities are covered by FolkActive CIC's Public Liability Insurance.

Signed ..... parent/carer

## MEDICAL INFORMATION

If relevant, please provide additional information about your child that may be useful to staff organising rehearsals/concerts/visits .....

Has the participant had any of the following?

Asthma or bronchitis	Yes	No	Allergies to any known medication	Yes	No
Heart condition	Yes	No	Any other allergies, eg. material, food, plasters	Yes	No
Fits, fainting or blackouts	Yes	No	Other illness or disability	Yes	No
Severe headaches	Yes	No	Travel sickness	Yes	No
Diabetes	Yes	No	Regular medication	Yes	No

If the answer to any of the previous questions is yes, please give details .....

If it is considered necessary, do you agree to mild painkillers (eg. paracetamol) being administered Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

If the answer to either of the last two questions is yes, please give details here (including name and dosage of any medicines/tablets) .....

In the event of any illness or medical treatment occurring after the return of this form or during the year, I undertake to inform the group leader.

Any particular dietary requirements (eg. vegetarian, etc) .....

## PHOTOGRAPHIC IMAGES

Please note that events may be recorded, filmed and photographed for educational purposes and to celebrate the musical achievement of our young musicians. This material may appear in printed and digital based documentation. Please tick the relevant box to confirm if you are happy for your child's name/image to appear in FolkActive CIC and/or Southampton Music Hub media and printed publications.

FolkActive CIC media and publications YES  NO

Southampton Music Hub media and publications YES  NO

## DECLARATION & MAILING LIST

Would you prefer communication about events/concerts to be sent via email  or post

**Please bear in mind that post is sent second class**

We will set up an email distribution list to let parents know about FolkActive events and workshops. Please indicate if you wish to receive information this way Yes please  No thank you

I agree to the content of this document and confirm that all details I have provided are accurate.

**Under 18's: Parent/Carer signature** .....

**Over 18's signature** .....

Date .....