



# Garforth Brass Band

## Membership Form

### Section 1: Personal Details

Full Name: \_\_\_\_\_

Date of Birth:     /     / \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Instruments Played: \_\_\_\_\_

Are you currently a registered member of another band?   Yes / No

If Yes, please provide the band name: \_\_\_\_\_

### Section 2: Equipment Provided

Instrument Type: \_\_\_\_\_

Make: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Mutes: \_\_\_\_\_

Mute stand: \_\_\_\_\_

Lyre: \_\_\_\_\_

Stand: \_\_\_\_\_

Uniform Dates - \_\_\_\_\_

Stage Jacket: \_\_\_\_\_

Walking Out Jacket: \_\_\_\_\_

Band Bow Tie: \_\_\_\_\_

Band Tie: \_\_\_\_\_

Polo Shirt: \_\_\_\_\_

Waterproof Fleece Jacket: \_\_\_\_\_

I confirm that I have the above equipment and uniform in my possession and will notify the relevant Band officer regarding any damage, losses or repairs needed.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### **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.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### **Section 4: Emergency Contact Details and Medical Information**

#### **Emergency Contacts:**

Please provide two people who we can contact in the case of an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### **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 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 to the named member on this form by trained personnel.

**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 5: 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:** \_\_\_\_\_

### **Marketing and Promotions (optional)**

I would like to be added to the bands external marketing mailing list

(e.g. emails about forthcoming events)

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The information in this document is confidential and is subject to data protection legislation and the band's Privacy Policy. This 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 only by authorised band personnel in order to make contact with you for band related business.