



Participants Personal Details	
First Name(s)	<input type="text"/>
Surname	<input type="text"/>
Address for Correspondence	
<input type="text"/>	
Postcode:	<input type="text"/>
Email	<input type="text"/>
Home Tel. No.	<input type="text"/>
Mobile No.	<input type="text"/>
Age	<input type="text"/> DOB
	<input type="text"/> / <input type="text"/> / <input type="text"/>
<i>Where the named participant is under 18 at the start of the course, please also provide:</i>	
Parent/Carers Name	<input type="text"/>
Relationship to Participant	<input type="text"/>
Email	<input type="text"/>
Daytime Tel. Number	<input type="text"/>
Mobile Number	<input type="text"/>
Medical <i>Please give details of any medical conditions, and relevant history</i>	
<input type="text"/>	
Access Requirements <i>Please give details</i>	
<input type="text"/>	

Tutor Group/ School	<input type="text"/>
Musical & Artistic Experience	
1 st Instrument	<input type="text"/>
Tutors Name	<input type="text"/>
Ability*	<input type="text"/>
2 nd Instrument	<input type="text"/>
Tutors Name	<input type="text"/>
Ability*	<input type="text"/>
<i>Please tell us your grade, or how long you have been playing for.</i>	
Other Music or Performing Arts qualifications achieved/studying for (e.g GCSE/A'LEVEL)	
<input type="text"/>	
Have you attended a BandiT course or performance before? Please give details/dates	
<input type="text"/>	
How would you describe your level of experience in playing in a Rock/Pop band?	
<input type="checkbox"/> No experience	
<input type="checkbox"/> Very limited experience	
<input type="checkbox"/> Some experience	
<input type="checkbox"/> A good deal of experience	
<input type="checkbox"/> Extensive experience	
Name of current band(s) you play in	
<input type="text"/>	
<i>Please Note: previous experience of playing in a band is NOT essential</i>	

Emergency Contact Details	
Name 1	<input type="text"/>
Relationship to participant	<input type="text"/>
Tel. Number	<input type="text"/>
Tel. Number	<input type="text"/>

Emergency Contact Details	
Name 2	<input type="text"/>
Relationship to participant	<input type="text"/>
Tel. Number	<input type="text"/>
Tel. Number	<input type="text"/>

What is your favourite type of music?

What do you feel are the best aspects of your playing?

What do you hope to gain from this course?

Agreement

*Please ensure that you have read and understood the agreement, before completing & signing it. If you wish to discuss any of the clauses in this Agreement, please contact **Kevin Howlett, Maidenhill School** on 01453 840141 07827434246 or email kevint@longtrainride.co.uk.*

If offered a place on the BandiT course I will provide transport, lunch and refreshments everyday and ensure that the named participant attends all four days. I realise that the named participant could be asked to leave the course if they do not give the necessary commitment, and maintain the expected standard of behavior.

I agree to the capture and use of photographic images, film and sound recordings of the named participant, for use in the documentation, evaluation, promotion, marketing, publicity and advocacy of Bandit 16, Maidenhill School and associated organisations. These images and recordings may be used, reproduced and distributed in print, electronically and mechanically, including via websites and e-mailings.

I enclose details of any medical condition and agree to the named participant being given any medical treatment that may be necessary.

I understand and agree that Bandit 16 will not be liable for any loss, injury or damage suffered other than such as may be caused by the negligence of the Bandit 16 or their employees.

(insert do/do not) give consent for the named participant to leave supervised activities unaccompanied.

Parent/Carer/Participant

I confirm that the named participant will be able to attend the full course detailed overleaf, I confirm my full consent and that I have read and agree to the declaration detailed above. I confirm that I am legally entitled to give this consent.

Signature Print Name Date

Participant

I confirm that I will be able to attend the course detailed overleaf. I confirm that I have read, consent and agree to the declaration detailed above.

Signature Print Name Date