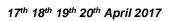
Bandit18







Participants Personal Details	Tutor Group/
First Name(s)	School
Surname	Musical & Artistic Experience
Address for Correspondence	
	1 st Instrument
	Tutors Name
	Ability*
Postcode:	
Email	
Home Tel. No.	2 nd Instrument
Mobile No.	Tutors Name
Age	Ability*
	Please tell us your grade, or how long you have been playing for.
Where the named participant is under 18 at the start of the course, please also provide:	Other Music or Performing Arts qualifications
The second of th	achieved/studying for (e.g GCSE/A'LEVEL)
Parent/Carers Name	
Relationship to Participant	Library at the last Part III and the last Pa
Email	Have you attended a BandiT course or performance before? Please give details/dates
Daytime Tel. Number	How would you describe your level of experience in
Mobile Number	playing in a Rock/Pop band?
	☐ No experience
Medical Please give details of any medical conditions, and relevant history	☐ Very limited experience☐ Some experience
and relevant history	A good deal of experience
	Extensive experience
Access Requirements Please give details	Name of current band(s) you play in
	Please Note: previous experience of playing in a band is NOT essential

Emergency Contact Details				
Name 1				
Relationship to participant				
Tel. Number				
Tel. Number				

Emergency Contact Details			
Name 2			
Relationship to participant			
Tel. Number			
Tel. Number			

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?				
	Agroomant	-		
	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 every day 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 Music Projects, 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 Music Projects will not be liable for any loss, injury or damage suffered other than such as may be caused by the negligence of the Bandit Music Projects or their employees.				
insert do/do not) give consent for the named participant to leave supervised activities unaccompanied.				
donvino	o unaccompanica.			
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		