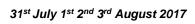
Bandit19







| Participants Personal Details | Tutor Group & | | |
|--|--|--|--|
| First Name(s) | School | | |
| Surname | Musical & Artistic Experience | | |
| Address for Correspondence | 4St landaum and | | |
| | 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 | | |
| Parent/Carers Name | achieved/studying for (e.g GCSE/A'LEVEL) | | |
| Relationship to Participant | Have you attended a DandiT course or performance | | |
| 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, | Very limited experience | | |
| and relevant history | Some experience 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 p | 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? | | | | |
| | | | | |
| | A | | | |
| | 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 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, Tewkesbury 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. | | | | |
| activities unaccompanieu. | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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 | | |
| | | | | |