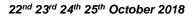
Bandit23







Supported using public funding by ARTS COUNCIL ENGLAND

Participants Personal Details			
First Name(s)	Tutor Group & School		
Surname	Musical & Artistic Experience		
Address for Correspondence	Actions		
	1 st Instrument		
	Tutors Name		
	Ability*		
Postcode:			
Email	2 nd Instrument		
Home Tel. No.	2 * Instrument		
Mobile No.	Tutors Name		
Age	Ability*		
	Please tell us your grade, or how long you have		
Where the named participant is under 18 at the start of the course, please also provide:	been playing for.		
	Other Music or Performing Arts qualifications achieved/studying for (e.g GCSE/A'LEVEL)		
Parent/Carers Name			
Relationship to Participant	Llava vay attended a RandiT source 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?		
Medical Please give details of any medical conditions,	☐ No experience☐ 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 pa	rticipant	
Tel. Number		
Tel. Number		

Emergency Contact Details			
participant			

What is your favorite 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 on 01453 840141 07827434246 or email kevin@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.				
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		