

# Bandit27

26<sup>th</sup> 27<sup>th</sup> 28<sup>th</sup> 29<sup>th</sup> October 2020



**Participants Personal Details**

First Name(s)

Surname

Address for Correspondence

Postcode:

Email

Home Tel. No.

Mobile No.

Age  DOB  /  /

*Where the named participant is under 18 at the start of the course, please also provide:*

Parent/Carers Name

Relationship to Participant

Email

Daytime Tel. Number

Mobile Number

**Medical** *Please give details of any medical conditions, and relevant history*

**Access Requirements** *Please give details*

**Tutor Group & School**

**Musical & Artistic Experience**

1<sup>st</sup> Instrument

Tutors Name

Ability\*

2<sup>nd</sup> Instrument

Tutors Name

Ability\*

*Please tell us your grade, or how long you have been playing for.*

Other Music or Performing Arts qualifications achieved/studying for (e.g GCSE/A'LEVEL)

Have you attended a BandiT course or performance before? Please give details/dates

How would you describe your level of experience in playing in a Rock/Pop band?

- No experience
- Very limited experience
- Some experience
- A good deal of experience
- Extensive experience

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 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](mailto: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