

## CONSENT FORM

**Group: Intermediate Stage Band**

**Event(s): Spring & Summer 2009 Performances**

Date	Approximate Times	Venue	Event
Tuesday 27 <sup>th</sup> January	5pm – 10.30pm	Sandfield Theatre	Big Band night
Saturday 19 <sup>th</sup> June	2pm – 5pm	Arboretum Band Stand	NMS in the Park

**NB. If you are unsure whether you can attend one of these events, please contact us as soon as possible to discuss this either by email: [musicschool@collegest.org.uk](mailto:musicschool@collegest.org.uk) or phone 0115 947 6202.**

### Student Contact Details

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Emergency Contact Details

(Please give details of a person to contact in case of emergency)

Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Evening: \_\_\_\_\_

### Declaration

I hereby give consent for *(name of student)* \_\_\_\_\_ to perform at the events detailed above.

Name: \_\_\_\_\_ Signed (Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

### Email Addresses

Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_