

## CONSENT FORM

**Group: Stage Band**

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

| Date                            | Approximate Times | Venue                | Event          |
|---------------------------------|-------------------|----------------------|----------------|
| Wed 27 <sup>th</sup><br>January | 5pm –<br>10.00pm  | Sandfield<br>Theatre | Big Band Night |

There will be at least one more performance for Stage Band yet to be confirmed.

**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:** \_\_\_\_\_