

## Nottingham Youth Orchestra Registration Form: 2017-18

Please print clearly (especially e-mail addresses)

Name \_\_\_\_\_ 1<sup>st</sup> Instrument \_\_\_\_\_

Other Instruments \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Telephone number \_\_\_\_\_ Date of birth \_\_\_\_\_

Parents' Names \_\_\_\_\_

Parents' Occupation \_\_\_\_\_

Ensembles you currently perform in \_\_\_\_\_

Parents' Mobile Nos \_\_\_\_\_

Personal Mobile No \_\_\_\_\_

Personal e-mail \_\_\_\_\_

Parents' e-mail \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

*If any of your contact details change please let Paula Watt know as soon as possible.*

*E-mail: administrator@nottinghamyouthorchestra.org*

Vegetarian Yes/No delete as appropriate (needed for residential course)

Medical Problems – allergies etc \_\_\_\_\_

\_\_\_\_\_ Carries EpiPen Yes/No delete as appropriate

School Attended \_\_\_\_\_

Year in School \_\_\_\_\_

Instrument Teacher \_\_\_\_\_ Email address (if known) \_\_\_\_\_

School's head of music \_\_\_\_\_ Email address (if known) \_\_\_\_\_

Latest exam result with dates \_\_\_\_\_

**We may wish to publish on notice-boards, Orchestra website, local press or at meetings, photographs or video recordings of orchestra and social activities taking place during the year. Please sign below to confirm that you give permission for us to do this.**

**I confirm that I agree to the publication of photographs or video recordings as detailed above.**

Signed \_\_\_\_\_ Parent/Guardian

Print \_\_\_\_\_ Relationship to Player \_\_\_\_\_ Date \_\_\_\_\_

\* The information given to us remains private and confidential and will remain with, and for the sole purpose of NYO and will not be given to anyone else without your prior permission.