

Nottingham Youth Training Orchestra Registration Form: 2017-18

Please print clearly (especially e-mail addresses)

Name _____ 1st 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.