



Folkestone Music Lab Registration Form

For young people aged between 11-19 years old

PLEASE SIGN AND RETURN TO during a Music Lab session or alternatively to the Music Programmes Coordinator, KENT MUSIC, 24 TURKEY COURT, TURKEY MILL, MAIDSTONE, ME14 5PP

DATES AND TIMES: Saturdays 10.30am until 1pm Please see www.kent-music.com for further details.

VENUE: The Quarterhouse, 49 Tontine Street, Folkestone CT20 1BN

1. ABOUT YOU

First name..... Surname.....

Address.....
.....

Post Code.....

Parent/Carers name(s).....

Home Tel.....Emergency contact Mobile.....

Email.....

Date of Birth.....

Current School/college/ training provider (if applicable), including town.....

Please tell us about any additional needs or learning difficulties you may have?

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How did you hear about Folkestone Music Lab?

2. YOUR MUSIC STYLE

Do you play an instrument(s)/sing-all vocal styles/use music technology

If yes, which one(s).....
.....

Would you like to learn an instrument/sing-a vocal style/use music technology?.....

If yes, which one(s).....
.....

IMPORTANT We have a good range of instruments on site or you can bring your own. If you wish us to provide a specific piece of equipment please inform the Music Lab coordinator on site, please give us at least one weeks notice, we cannot guarantee provision of all instruments.

Do you have an interest in (please tick all that apply)?

- | | |
|---------------------------|--------------------------|
| Music technology | Instrument/vocal tuition |
| Production | Rehearsal/practice space |
| Live Sound & events | Performance |
| Songwriting & composition | New musical experiences |

Something else, please state.....

What types of music do you like to listen to?

3. MEDICAL DECLARATION

Should the necessity arise, I agree(s) to the person in charge giving consent on my behalf for an anaesthetic to be administered and for any other urgent medical treatment to be given to the applicant/me.). I have completed the medical section of this form and accept that it is my responsibility to inform Kent Music of any change to the medical information

Parent's/Carer's /Student's (if 18 or over)* name (BLOCK CAPITALS).....

Parent's/Carer's/Student's (if 18 or over)* Signature.....

Date..... Contact Phone Number if different from above.....

Please give details below if the applicant suffers from any medical condition, including allergies:

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and If you are required to carry medication please give details below:

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4. RECORDING/ PHOTOGRAPHY

PLEASE CROSS OUT THIS SECTION IF YOU DO NOT GIVE PERMISSION

Kent Music occasionally takes still photos and / or video recordings of the pupils in rehearsals or concerts for archive purposes, teacher training and inclusion in our brochures and publicity material. I give permission for photos/videos of my child to be used by Kent Music for these purposes.

5. OFF-SITE PERMISSION (for under 18's)

I understand this is an open access music provision and I must inform the coordinator if my son/daughter should not leave the premises.

I do / do not give permission for my son/daughter to leave the premises.

Kent Music cannot accept responsibility for the care of pupils who leave the premises.

Signed

Parent/Carer

Date.....