**Carlisle Music Centre**

Please email your completed form to **shona.wilson@cumbria.gov.uk**

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| **Which Music Centre Group(s) would you like to join?** |
| * Junior Concert Band
* Youth Concert Band
* Strings
* Guitars
 |
| **Student Details** |
| Name: |
| Date of Birth: |
| School: |
| **Contact Details** |
| Parent / Guardian Name: |
| Address: |
|  |
|  |
| Post Code: |
| Email: |
| Student Email: |
| Contact Phone Number: |
| **Instrument Details** |
| First Instrument: |
| Level of achievement: |
| Second Instrument: |
| Level of achievement: |
| Instrumental Teacher(s): |

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| **Medical and Emergency Details** |
| Emergency Contact Telephone 1: |
| Relationship to student: |
| Emergency Contact Telephone 2: |
| Relationship to student: |
| Family Doctor Name: |
| Family Doctor Telephone: |
| Does your child have any medical condition, allergies or recent illness we should know about? |
|  |
| Is there anything else you would like to make music centre staff aware of? |
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| **Photography Consent**We plan to take photos and/or videos for Cumbria Music Hub promotional use. No players will be identified by name. |
|  I understand and agree to the above I do not agree |
| **Contact Permission**We may occasionally want to get in touch by email to let you know about events organised by Cumbria Music Hub. |
|  Yes please, I'd like to hear about Cumbria Music Hub events No thanks |
| **Annual Fee** |
| First Child: £48Second Child: £30Third Child: £25 |
| <https://cumbriamusicservice.co.uk/music-centre-payment-form/> |

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