**Logo, company name

Description automatically generatedCarlisle Music Centre**

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

|  |
| --- |
| **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): |

|  |
| --- |
| **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? |
|  |
| **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: £48  Second Child: £30  Third Child: £25 |
| <https://cumbriamusicservice.co.uk/music-centre-payment-form/> |

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