



## NORTH LINCOLNSHIRE SCHOOLS' ORCHESTRAS REGISTRATION FORM

Please print the following information clearly in ink:-

Name: .....

Address: .....

.....

Postcode: ..... Tel No (inc code) .....

School Attended: ..... Year .....

**Group(s) played in (please tick relevant boxes):**

**DAY A**

**DAY B**

**Wednesday**

Y. Symphony Orchestra

Youth Concert Band

Youth Swing Band

Third Concert Band

Second Concert Band

Youth String Orchestra

First String Orchestra

Instrument: .....

Instrument: .....

Instrument: .....

Teacher: .....

Teacher: .....

Teacher: .....

**Details of Parent(s)/Guardian(s)**

Name ..... Name .....

**Emergency Information:**

Emergency Contact Name: ..... Relationship to member:.....

Emergency Tel No: .....

Does the member suffer from any medical condition that requires medication or attention on a regular basis? **YES/NO** Please detail any relevant medical information:-

Parental signature giving permission for photographs to be taken and displayed at concerts and workshops: .....

