

TO BE RETURNED BY NO LATER THAN WEDNESDAY, 17TH JUNE 2009

BRENT MUSIC SERVICE
Junior Fest – Thursday 9th July 2009

Name of student

Name of Parent Contact

Address

.....
.....

Post Code

Telephone Mobile.....

E Mail

Emergency Contact(s)

.....

Name and address of Doctor

.....

Phone

Any medical needs/allergies we need to know about

.....

.....

I have read the information about the proposed event and I agree to my child taking part in the event as outlined in the letter.

I authorise the organisers of the event to act on my behalf in an emergency and to sign on my behalf any consent forms required by medical authorities, if they know that it would not be advisable to wait for my own signature.

I understand that my child is expected to maintain a high standard of behaviour at all times.

Signed (Parent/Carer)

Date

Please PRINT name here.....

Please return this form to ensemble leaders by WEDNESDAY 17th JUNE, 2009