


GREAT HORWOOD SILVER BAND

Membership Form

Document No: GHSB/MEM/001

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Section 1: Personal Details

Full Name: _____

Date of Birth: _____

Address; _____

Postcode: _____

Home Phone: _____

Mobile Phone _____

Email: _____

Instruments Played: _____

Are you registered with another band: Yes / No

If Yes, please provide the band name(s): _____

Section 2: Photography

I hereby give consent for the Band to take and use photos of myself/my child for marketing and promotion purposes, including publishing on the band website.

Print Name: _____ **Signature:** _____

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Section 3: Emergency Contact Details and Medical Information

Emergency Contacts:

Please provide the details of two people that we can contact in the case of an emergency. I hereby give consent for the Band to take and use photos of myself/my child for marketing and promotion purposes, including publishing on the band website.

Contact No. 1

Name: _____

Relationship: _____

Contact Phone No. 1: _____

Contact Phone No. 2: _____

Email: _____

Contact No. 2

Name: _____

Relationship: _____

Contact Phone No. 1: _____

Contact Phone No. 2: _____

Email: _____

Medical Information:

Please give details of any special circumstances or additional needs that might affect you/your child whilst taking part in activities, listing any medications (Disability/Medical/Allergies etc.) If there is no information, please write 'None'

Details:

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It may be essential at some time for authorised persons acting on behalf of the band to have necessary authority to obtain urgent treatment in the case of an accident, illness or incident. Please sign below if you give your consent to emergency treatment being given to the named member on this form by trained personnel.

For members under 16 years of age a parent/legal guardian must sign here.

Signature: _____ **Date:** _____

Print Name: _____ **Signature:** _____

Please remember to **notify the Band Secretary** if there are any changes to your medical history

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Section 4: Data Protection

Data:

I hereby give consent to the band to collect, store and use my/my child's data for membership administration purposes, in accordance with the band's privacy policy.

Signature: _____ **Date:** _____

Medical:

I hereby give consent to the band to collect, store and use information regarding my/my child's medical information.

Signature: _____ **Date:** _____

Marketing and Promotions (Optional):

I would like to be added to the bands external marketing mailing list (e.g., emails about forthcoming events)

Signature: _____ **Date:** _____

The information in this document is confidential and is subject to data protection legislation and the band's Privacy Policy. This information will not be shared with any third party.

This information will be stored securely (whether in print or electronically) and only used and accessed by authorised band personnel in order to make contact with you for band related business.