

CASSWA Clarinet Ensemble Day, 3 May 2015

Registration Form

Please complete this form and return it to CASSWA clarsaxwa@gmail.com by 24 April

Student's name: _____ Date of birth: _____ Years of learning: _____

Clarinet teacher's name: _____ Are you currently a CASSWA member? _____

Contact email address: _____ Contact phone number: _____

Do you consent to your child being photographed and for these photos to be used by CASSWA in promotional material? YES / NO

If you are not already a member, would you like to hear about future CASSWA events by email? YES / NO

Will a parent or guardian be in attendance for the duration of the event with your child? YES / NO **(If no, please complete medical details below)**

By signing this form I accept that CASSWA will not be held responsible for any loss or damage to my child's personal property during the course of the event.

Parent or Guardian's name: _____ Signature: _____

If you choose to leave your child unaccompanied at this CASSWA event, please complete the following required medical details.

MEDICAL DETAILS *strictly confidential*

Address: _____ Postcode: _____

Emergency contact person: _____ Emergency Ph No.: _____

Name of Family Doctor: _____ Doctor's Ph. no.: _____

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the CASSWA event? YES / NO

Details: _____

Is your child allergic to any of the following?

Any food YES / NO Details _____

Penicillin YES / NO Details _____

Other drugs YES / NO Details _____

Other YES / NO Details _____

Medication

Students should carry with them any medication that they require. Adult organisers of this event are not permitted to give analgesics (painkillers).

Will your child need to take any medication during the course of this event? YES / NO

Does your child self-administer the medication? YES / NO

If YES to either of the above, please provide details: _____

Other Information

Please provide any other relevant information:

Consent

I acknowledge that, should it be considered necessary and we are unable to contact you within a reasonable timeframe, CASSWA will arrange to present my child for medical assessment. I am aware that any costs incurred as a result of accident or illness are my responsibility. I understand that CASSWA organisers will take utmost care of my child but will not accept liability for accident or injury.

Parent signature: _____ Date: _____