

# PYMS STUDENT ENROLMENT FORM

return to:  
Barrie Mills  
Plymouth Youth Music Service  
c/o Department for Lifelong Learning, Children's  
Services, Windsor House,  
Tavistock Rd Plymouth PL6 5UF  
tel 07789 923398  
or your ensemble tutor



Name			Instrument/s & Gde or length of time playing.
House number/name & Street			
Area			
City			
Postcode		Tel No:	
Emergency contact number		email:	
Any existing medical condition of which we need to be aware?			
School			
Date of birth		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Ethnicity (please circle to indicate cultural background)	White British Bangladeshi	White European Chinese	Irish African/Caribbean
		Mixed	Indian Pakistani Other (please specify)
Has your child ever taken part in a Plymouth Youth Music Service activity? If so, what?			

Parent / Carer Declaration	<b>I will ensure that my child will attend his/her rehearsals regularly. I realise that my child could be asked to leave the ensemble if he/she does not give the necessary commitment, and maintain the expected standard of behaviour. In the event of a medical emergency, I agree to my child being given any medical treatment that may be necessary.</b>
Parent / Carer Name	
Parent / Carer Signature	
Date	

From time to time it may be necessary for a member of staff to transport your child in case of an emergency or to and from a concert/rehearsal. If you would rather this did not happen please tick this box

If you do not wish photographs or video footage to be taken of an activity your child is involved in please tick this box. No images are for commercial gain. All publicity material is used to seek future funding and support for the project and the work that we do.

Name of Ensemble you wish to join: .....

Last Amended 3/4/08