



Tonbridge Young Musicians

Application and contact form

Group joining (please circle): strings first / tyms strings / tyms winds

Student surname

Forename(s)

Date of birth

Home address

..... Post code

School attended

Name of parent(s)/carer(s)

Home telephone number

Mobile number for parent/carers

Number for contact on Fridays during *tyms*

Home e-mail address

Instrument to be played at *tyms*..... Approx. Grade

Name of instrumental teacher.....

Other instruments played Approx. Grade

Name of instrumental teacher.....

I am happy for my son/daughter to join *tyms* and understand that regular and consistent attendance at rehearsals and concerts is required.

Signed Date

Consent form

ALL STUDENTS

Medical consent for
(full name of student in BLOCK CAPITALS please)

In the event of an accident or illness, I *do/do not give permission for my *son/daughter to receive any medical attention which may be necessary including anaesthetic and blood transfusion.

Please give details of any medical condition, allergies or treatment of which we should be aware.

.....
.....

Signed Date

*Parent/carer

Photographic consent for
(full name of student in BLOCK CAPITALS please)

I *do/do not give permission for my *son/daughter to be included in photographs of tyms students which may be used for publicity now or in the future.

Signed Date
*Parent/carer