

Students representing: ♦ Crusoe College ♦ Weeroona College Bendigo
♦ Bendigo South East College ♦ Bendigo Senior Secondary College

STUDENT INFORMATION & PERMISSION TO ATTEND REHEARSALS AND PERFORMANCES

Please return this form to Mr MacLean.

Student's First Name _____ Surname _____

School _____ Year level _____ Date of Birth _____

Instrument you wish to play in Chamber Strings _____

How many years have you been learning this instrument? _____ Current AMEB level (approx.) _____

Who is your current Instrumental Teacher? (if none, leave blank) _____

Do you play any other instruments? _____

STUDENT'S CONTACT DETAILS

Student's most-often used email _____

Student's Mobile number _____ Home phone _____

Student's home address _____

PARENT 1 CONTACT DETAILS

First Name _____ Surname _____

email _____

Mobile number _____ Home phone _____

Other Daytime Contact number(s) _____

Home address _____

PARENT 2 CONTACT DETAILS

First Name _____ Surname _____

email _____

Mobile number _____ Home phone _____

Other Daytime Contact number(s) _____

Home address _____

Student's Signature

I have read the hand- out "**Your Contribution to the Chamber Strings Team**". I understand the level of commitment I will need to make as a member of the ensemble, and I have discussed this with my parent(s).

(signed) _____

Parent Signature

- I have read the hand-out "**Your Contribution to the Chamber Strings Team**", and I support the commitment my son/daughter is making in joining Chamber Strings.
- I give permission for my son/daughter to attend rehearsals at Bendigo South East College on Monday afternoons, **4 - 5.30pm**.
- I will make arrangements for my son's/daughter's **transport** to and from rehearsals and performances.
- I will provide my child with smart black and white for performances.

(signed) _____

Medical Consent

In the event of an emergency during Chamber Strings activities, where it is impractical to communicate with me, I give my consent for the teacher in charge to authorise whatever surgical or medical treatment may be necessary, and I agree to meet any expenses incurred.

(signed) _____

Medical information (confidential): Please give details about medical conditions or current medication which staff should be aware of, in case of an emergency.

Parent volunteer helpers: Parents make a big difference to the way our group runs, and we are always very grateful for this support. Please tick the boxes below to indicate what kind of help you are able to offer.

Transporting equipment to concerts
 Fund-raising
 Supper at concerts

Any other info about how you can help us?
