



GLASGOW FIDDLE WORKSHOP
JUNIOR MEMBERSHIP
AND PARENTAL CONSENT FORM

Registered Charity No: SC029502
 Company No: 343670

First Name:	Surname:
Address:	
Date of Birth:	Age:
Current School:	Which Year Are You In?:
Is this (circle): Membership Renewal (state Memb No) or Brand New Membership	

CLASS (tick)

I am enrolling for Fiddle	I am enrolling for Guitar
I already play (circle): Fiddle/Violin	Guitar
If so, where, and for how long, have you been learning that instrument?	
I was in a GFW class last year and my tutor was:	
I play other Instruments, which are:	

PARENT/GUARDIAN INFORMATION

Name:	
Address:	
Contact Tel Nos:	Home: Mobile: Email:

EMERGENCY CONTACT INFORMATION

(This Should be Different from Parent/Guardian)

Name:	
Address:	
Contact Tel Nos:	Home: Mobile: Email:

Note any Learning or Behavioural Difficulties Your Child May Have:

DECLARATION

I agree to my child taking part in the above classes and acknowledge the need for good behaviour on their part. I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by medical authorities. I consent to photographs being taken and recordings being made at any time during classes and events. Please tick box if you DO NOT agree to this statement

SIGNED: _____ **Date:** _____