

County Youth Brass Orchestra (CYBE) Membership Form

Dear parent/carer/player

Cornwall Music Education Hub (CMEH) encourages excellence in performing through the area and county ensembles and choirs which it operates. To maintain high standards it is vital that players attend all rehearsals. There may be circumstances, foreseen or unforeseen, in which attendance is impossible, but rehearsals should never be seen as optional. Except in extreme circumstances, availability as indicated on the form should be thought of as a contract and membership will be charged accordingly.

This membership form has been devised in line with the Data Protection Act and covers membership of the CYBE. The form gives full details of why we collect and hold certain information. This includes use of photos, videos and audio recordings etc. These forms must be completed to ensure we have emergency contact details for your child when attending rehearsals and events. Please notify us of any changes, e.g. to your address or the school / college your child attends.

Use of Data

Personal Details - The information contained on this membership form will be used by us to:

- process your application
- send you information in relation to our services
- inform you of any future meetings of the same group
- carry out statistical analysis of our pupils & provide statistical analysis to the Department for Education and Arts Council England.

Emergency Details - This information is required to enable us to care for your son/daughter in the event of a medical emergency or accident and will only be used in this instance. This information may be shared with third parties (e.g. doctors and nurses) in order to provide appropriate medical treatment.

Instrumental Teacher – We may wish to liaise with your son/daughter's instrumental teacher regarding his/her participation in ensembles and orchestras.

School – We will need to seek permission for absence from the Headteacher if activities take place during school time.

By submitting this form you consent to the above mentioned uses. If you do not wish us to use any of the information for any of the purposes mentioned above, please inform us in writing. This application will be retained on file whilst you/your child is a member of a CMEH ensemble.

Under the Data Protection Act, you and your son/daughter have a right to request access to, and to request correction of, your personal data in relation to his/her application. If you wish to exercise these rights, please contact us on **01872 3249700**.

Please complete all sections of the Membership form. Please keep this page for your records and return the Membership form.

County Youth Brass Orchestra (CYBE) Membership Form

Cornwall Music Education Hub (CMEH) provides substantial subsidies to the Youth Orchestras to cap the costs passed on to parents of the children and young people invoiced.

Membership Fees – SUMMER TERM 2015

- £8.00 per session membership fee for CYBE
- Additional playing days/workshops/out of county activities will be charged separately with notification of the charges in individual invitation letters

Please note the total cost of membership is £8.00 per session regardless of attendance unless non-attendance was specified at the time of joining

Subsidised Membership Fees

- CMEH offers a 50% subsidy on both the session fee for those students who fall under one of the following criteria:
 - Children eligible for Free School Meals (checks will be made against the Council's central register)
 - Children of personnel serving in the British Armed Forces (please provide proof when returning the membership form)
 - Children in Care

County Youth Brass Orchestra (CYBE) Membership Form

This form must be completed for any player who wishes to be a member of CYBE. This form must be completed annually.

Student's Name:	Date of birth:
Home Address:	Postcode:
Name of parent/carer: Parent/carer home telephone number: Parent/carer mobile telephone number: Parent/carer email:	
Please provide details of the person/organisation who should be invoiced for membership fees if different to the above:	
Details of any medical condition or allergy: Any Special Educational Needs or Learning Difficulties: Any other info parent/carer considers relevant:	
Emergency Telephone Numbers 1: Relationship to player: 2: Relationship to player: 3: Relationship to player:	
School:	Instrument(s):
Instrumental Teacher(s):	

Consents	Please tick
I agree that CMEH can take and store photographs and video footage of performances and events in which my child is participating in which may be used in CMEH material, and for competitions and exams.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree that CMEH can use images and audio recordings of my child on its website. (Please note the website can be viewed across the world.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for the press and third party partners (eg Music for Youth, NYCGB) to take and use images and audio recordings of my child at events in which CMEH is participating for use in publicity.	Yes <input type="checkbox"/> No <input type="checkbox"/>
CMEH may give the press the name of my son/daughter for publishing with his/her photograph in a newspaper.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand, and consent, that parents of ensemble members may make media recordings in any format of events and that this footage may include images of my son/daughter.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree that CMEH may sell audio recordings to parents of players and the general public to raise funds for the benefit of CMEH.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please note that by indicating 'no' your child may not be able to participate in some public performances

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Dunmere Road, Bodmin
PL31 2QN

Tel: 01872 327900
Fax: 01872 322826

www.cornwallmusiceducationhub.org

County Youth Brass Orchestra (CYBE) Membership Form

Conditions of Consent

1. The information which you provide in this Consent Form is valid from the time when CMEH receives this Form until the time your son/daughter is no longer enrolled on any course or ensemble organised or managed by CMEH. If your circumstances change or you change your mind about any issues addressed in this Form please let CMEH know immediately in writing.
2. CMEH may use images of your son/daughter once your son/daughter is no longer enrolled on any course or ensemble organised or managed by CMEH without obtaining the parents' specific consent, provided that it is used for promotional purposes of CMEH only.
3. If a pupil is named in any text which CMEH publishes, a photograph will not be included with the text, unless this is the wish of the pupil and parents.
4. CMEH will not pass to the press the names of any pupils appearing in photographs which the press wish to publish, unless a parent has consented to this.

I confirm that if my son/daughter wishes to be a member of CYBE, **there is a £8.00 per session fee**. I understand that the fees for playing days/workshops/out of county activities will be set on a per course basis and I will be notified of the charge in the individual invitation letters. **I confirm that I understand the current session fee for CYBE rehearsals is being reviewed and I will be notified of any changes by email.**

Membership Fees

Please tick one payment option below:

I enclose a cheque for **£8.00 per session fee** (dates to be confirmed) ☐

I would like to receive an invoice for the rehearsals ☐

Please confirm who the invoice should be addressed _____
(Please tick one option only)

Subsidised Membership Fees

CMEH offers a 50% subsidy on the above prices for the following categories, please tick:

Children eligible for Free School Meals* ☐

Children of personnel serving in the British Armed Forces# ☐

Children in Care* ☐

*checks will be made against the Council's central register

#please provide proof when returning the membership form

I confirm that the details given above are correct and I understand how the information I have provided will be used and disclosed in accordance with the Data Protection Act 1998.

Signature of parent/carers: _____

Please print name: _____ Date: _____

Signature of player if 16+: _____

*Please make cheques payable to **Cornwall Council***